

HAIRDRESSING, BEAUTY & SKIN PENETRATION PREMISES REGISTRATION FORM

Form 679

Legislation requires all hairdressing/barber, beauty or skin penetration premises operating in the Canterbury Bankstown Local Government Area be registered with Canterbury Bankstown Council. This registration form is to be submitted by all hairdressing/barber, beauty or skin penetration premises in order to register their business or to change any registration details with Council.

If you have any questions in regards to this form, please contact Council's Environmental Health Unit on (02) 9707 9000.

PROPERTY DETAILS

Location of business

Business/trading name: _____

Street no.: _____ Shopping centre/building name: _____

Street name: _____

Suburb: _____ Postcode: _____

BUSINESS DETAILS

Where all correspondence and invoices will be sent

Company name: _____ ACN/ABN: _____

Contact person: _____ Contact no.: _____

Postal address: _____

Email: _____

OTHER DETAILS

Reason for submitting this form: New premises Change of proprietor Update details

Date business was opened or ownership changed: _____

TYPES OF TREATMENTS/SERVICES PROVIDED

 Spray tan Acupuncture Tattooing Hairdressing/barber Laser Waxing Microdermabrasion Colonic lavage Ear piercing Body piercing Dry needling Manicure/pedicure Electrolysis Facials Massage Other (please specify): _____

DEVELOPMENT CONSENT

Have you obtained development consent: Yes No N/A

PRIVACY NOTICE Council is required under the *Privacy and Personal Information Protection Act 1998* (PPIPA) to collect, maintain and use your personal information in accordance with the Privacy Principles and other relevant requirements of the PPIPA. Personal information requested on this form will only be used to fulfil the purpose for which it is being collected. Provision of this information is voluntary and is required to help process your application. Council is regarded as the agency that holds the information and access is restricted to council officers and other authorised people. You may apply to access or amend the information. For further information or clarification please contact the Privacy Contact Officer at Council.

Note: Registration of your business does not imply development consent nor does it imply approval of the construction or fit out of the premises for proposed/additional/alternate uses.

APPLICANT DECLARATION

I declare that to the best of my knowledge, the information provided in this application is accurate and correct.

Proprietor name: _____ Date: _____

Proprietor signature: _____

SUBMISSION DETAILS

Please submit the completed form to Canterbury Bankstown Council at:

Postal address: PO Box 8, BANKSTOWN NSW 1885

Street address: Bankstown Customer Service Centre
Upper Ground Level
Bankstown Civic Tower
66-72 Rickard Road
BANKSTOWN NSW 2200

Campsie Customer Service Centre
137 Beamish Street
CAMPSIE NSW 2194

Email: council@cbciry.nsw.gov.au

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