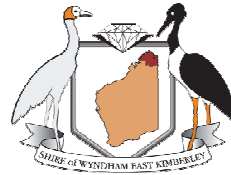


HAIRDRESSING AND SKIN PENETRATION PREMISES NOTIFICATION FORM



CONTACT DETAILS		
Name of proprietor		
Trading name of business		
Premises location		
Postal address of proprietor		
Contact details	Business hours phone number	
	After hours phone number	
	Facsimile number	
	Email address	
	Mobile number	

Nature of Business Information													
<p>1. What is your business type? ✓ Please tick all boxes that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Hairdresser Body Piercer</td> <td><input type="checkbox"/> Tattoo Studio</td> </tr> <tr> <td><input type="checkbox"/> Beauty Salon</td> <td><input type="checkbox"/> Acupuncturist</td> </tr> <tr> <td><input type="checkbox"/> Nail Salon</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Day Spa</td> <td></td> </tr> </table>		<input type="checkbox"/> Hairdresser Body Piercer	<input type="checkbox"/> Tattoo Studio	<input type="checkbox"/> Beauty Salon	<input type="checkbox"/> Acupuncturist	<input type="checkbox"/> Nail Salon	<input type="checkbox"/> Other _____	<input type="checkbox"/> Day Spa					
<input type="checkbox"/> Hairdresser Body Piercer	<input type="checkbox"/> Tattoo Studio												
<input type="checkbox"/> Beauty Salon	<input type="checkbox"/> Acupuncturist												
<input type="checkbox"/> Nail Salon	<input type="checkbox"/> Other _____												
<input type="checkbox"/> Day Spa													
<p>2. Do you provide, any of the following services? ✓ Please tick all boxes that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Waxing</td> <td><input type="checkbox"/> Body Piercing</td> </tr> <tr> <td><input type="checkbox"/> Hairdressing</td> <td><input type="checkbox"/> IPL</td> </tr> <tr> <td><input type="checkbox"/> Cosmetic Tattoos</td> <td><input type="checkbox"/> Professional make-up application</td> </tr> <tr> <td><input type="checkbox"/> Cut throat shaving</td> <td><input type="checkbox"/> Henna tattooing</td> </tr> <tr> <td><input type="checkbox"/> Manicures/Pedicures</td> <td><input type="checkbox"/> Acupuncture</td> </tr> <tr> <td><input type="checkbox"/> Tattoo's</td> <td><input type="checkbox"/> Electrolysis</td> </tr> </table>		<input type="checkbox"/> Waxing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Hairdressing	<input type="checkbox"/> IPL	<input type="checkbox"/> Cosmetic Tattoos	<input type="checkbox"/> Professional make-up application	<input type="checkbox"/> Cut throat shaving	<input type="checkbox"/> Henna tattooing	<input type="checkbox"/> Manicures/Pedicures	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Tattoo's	<input type="checkbox"/> Electrolysis
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<input type="checkbox"/> Cut throat shaving	<input type="checkbox"/> Henna tattooing												
<input type="checkbox"/> Manicures/Pedicures	<input type="checkbox"/> Acupuncture												
<input type="checkbox"/> Tattoo's	<input type="checkbox"/> Electrolysis												
<p>3. Cleaning Practices</p> <p>Do you do your laundering on site Yes ..No (a) If not, where is this completed </p>													

4. Are refreshment's provided:

- (a) Do you provide clients with beverages or any form of refreshments?..... Yes . No
- (b) If Yes please specify what is provided?
-

5. Other services:

- (a) Do you provide services off site i.e mobile services?..... Yes . No
- (b) If Yes how often?

Declaration

Note: making a false statement may be an offence.

I/We declare that all the details in this form are true and correct.

Signature of Applicant

Date