



PO Box 614 Kununurra 6743
20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

T | 9168 4100

F | 9168 1798

E | mail@swek.wa.gov.au

W | www.swek.wa.gov.au

8.00am - 4.00pm MON - FRI

Hairdressing, Beauty Therapy and Skin Penetration Premises Notification Form

Proprietor/Business details

Proprietor Name:	
Trading Name of business:	
Premises location:	
Postal address of proprietor:	
Contact details:	Phone number:
	A/H number:
	Email address:
	Mobile number

Hours of operation

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		P/Holidays	

Nature of Business Information

What is your business type? Please tick all boxes that apply (there may be more than one)

<input type="checkbox"/>	Hairdresser	<input type="checkbox"/>	Day spa
<input type="checkbox"/>	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

Which of the following services do you provide? Please tick all boxes that apply

<input type="checkbox"/>	Hairdressing	<input type="checkbox"/>	Body piercing
<input type="checkbox"/>	Waxing	<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"/>	Tattooing	<input type="checkbox"/>	Electrolysis

Refreshments

Do you provide clients with beverages or any form of refreshments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify		

Cleaning practices

Do you complete the business laundering onsite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, please specify where this is completed		

Other Services

Do you provide services off site i.e. mobile services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		

Fees:

Initial Notification Fee – Hairdressers, Skin Penetration and Beauty Therapy	\$50.00
Annual Inspection Fee - Hairdressers, Skin Penetration and Beauty Therapy	\$101.00

Declaration:

I/We declare that:

- The information contained in this application is true and correct in every particular
- The required fee will be paid to the Shire upon lodgement of this form

Signature of applicant: _____ **Date:** _____

In the case of a company, the signing officer must state position in the company

OFFICE USE ONLY	Date Received:		Officer:		APPROVED	
	Document No:		Fee:	\$		
	File: Hairdresser	PH.12.3	Receipt			
	Skin Pen/Beauty	PH.12.6	<input type="checkbox"/> Yes <input type="checkbox"/> No	General Ledger: 1070417		

Account Application

1. BUSINESS DETAILS

Registered Name	
Trading As	
ABN/ACN Number	
Years Trading	
Trading Address	
Postal Address	
Credit Limit Requested	\$

2. CONTACT DETAILS

Contact Name/s			
Phone (Business hours)		Phone (After hours)	
Mobile Number		Fax Number	
Email address		I would like to receive invoices and statements via email **	<input type="checkbox"/> Yes <input type="checkbox"/> No

** Note that if you select to receive invoices and statements via email, a printed copy will NOT be sent

3. REFEREES

Please supply the names of the three referees – businesses that can tell us about your trading history (Not utilities, lawyers, accountant, credit cards or banks)

Name	Contact Number

Declaration - I certify (as signatory to this application) that the above information is true and correct and that I am authorised to make this application on behalf of the 'Debtor'. I acknowledge and accept the Terms and Conditions as listed below:

- 1) Agrees to pay the amount on Shire invoices on or before 35 days from date of invoice.
- 2) Acknowledges that after 35 days penalty interest will accrue at the prescribed rate on all outstanding amounts.
- 3) Consents to the Shire performing a credit reference check and making other enquiries to enable the Shire to decide whether or not to grant credit.
- 4) Acknowledges that all fees incurred by the Shire in relation to debt collection will be on-charged to the debtor.
- 5) Agrees to advise the Shire of any changes to details (i.e. phone number, address, email address etc.).
- 6) Accepts that the Shire may withdraw or suspend this credit facility if the debtor does not pay an invoice by the due date.

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.....

Signature

Date / /

Print Name

PLEASE RETURN TO THE DEBTORS OFFICER BY POST, EMAIL OR FAX PROVIDED