



CAMPBELLTOWN
CITY COUNCIL

CITY STANDARDS AND COMPLIANCE

Cnr Queen Street and Broughton Street
(PO Box 57) Campbelltown NSW 2560
Phone (02) 4645 4000 – Fax (02) 4645 4111

Hairdressing, Beauty, Skin Penetration and Massage Premises / Mobile Business Registration Form

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

Please indicate purpose for submitting this form:

- New Premises - date opened: Change of Details
 Change of Proprietor - date ownership changed: Mobile Business

Premise and Business Details

Business Trading Name: (as registered with Office of Fair Trading)					
Shop No:		Street No:		Street Name:	
Suburb:				Post code:	
Business Phone:			Fax:		
Email:					
ABN/ACN:					
Operation Hours:					

Proprietor Details

Proprietor 1 - All correspondence and invoices will be sent to this proprietor (no PO Boxes or shop address details will be accepted)

Mr Mrs Miss Ms Other

Surname:		First Name:	
Address:			
Phone:		Mobile:	

Proprietor 2 - if applicable

Mr Mrs Miss Ms Other

Surname:		First Name:	
Address:			
Phone:		Mobile:	

Company Details - if applicable

Name:		
Registered Office Address:		

Procedures Conducted (Please Tick)

Please indicate which procedures will be carried out by ticking the appropriate box :

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Hairdressing/Barber | <input type="checkbox"/> Ear/Nose Piercing | <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Manicures/Pedicure | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Facials |
| <input type="checkbox"/> Colonic Lavage | <input type="checkbox"/> Waxing / Tinting | <input type="checkbox"/> Cutting/Scarring of the Skin | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Spray Tanning | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Laser Treatment | <input type="checkbox"/> Other |

New Premises/Change Of Use

Development Consent/Complying Development Certificate obtained:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction Certificate for the premises fit-out obtained:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant Declaration

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

Applicant's Name:		Signature:	
Applicant's Position:		Date:	

DATA AND DOCUMENT CONTROL

How to lodge this registration form

<p>Address this registration form to: The General Manager Campbelltown City Council</p> <p>Please forward this registration form by way of:</p> <p>Mail: PO Box 57, CAMPBELLTOWN NSW 2560</p> <p>Courier or Personal Delivery: Council Office Cnr Queen and Broughton Street CAMPBELLTOWN NSW</p> <p>Fax: 02 4645 4111</p> <p>Email: council@campbelltown.nsw.gov.au</p>	<p>How to contact us: Phone: 4645 4000 Fax: 4545 4111</p> <p>Registration fee required: \$38.00 (Acc. 1-1150-000-2335) (Registration fee does not apply for hairdressers, barbers and massage premises)</p> <p>Payment Methods: You can pay by cash, credit card or cheque. Make cheques payable to 'Campbelltown City Council'. Do not send cash in the mail.</p> <p>Please complete a Credit Card Authorisation if required, which can be downloaded from Council's website: www.campbelltown.nsw.gov.au</p>
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Office Use Only

Hairdressing, Beauty and Skin Penetration Premises / Mobile Business Categories

High Risk (2 inspections per year)		
PHHR01	<input type="checkbox"/>	Beauty Salon/Nail Artistry (includes: manicures and pedicures, and/or one following treatments: waxing, tinting, facials, cosmetic enhancements, any piercing, microdermabrasion, electrolysis, laser treatment, and spray tanning)
PHHR02	<input type="checkbox"/>	Tattooing/Body Piercing/Enhancements (includes: cutting and scaring)
PHHR03	<input type="checkbox"/>	Hair/Beauty Salon/Nail Artistry (includes: hairdressing, manicures and pedicures, and/or the following treatments: waxing, tinting, facials, cosmetic enhancements, any piercing, solarium, microdermabrasion, electrolysis, laser treatment, and spray tanning)
Medium Risk (1 inspection per year)		
PHMR01	<input type="checkbox"/>	Hairdressing/ Barber
PHMR02	<input type="checkbox"/>	Hairdressing/ Beauty Salon- Low Risk (includes: waxing, tinting, facials, spray tanning)
PHMR03	<input type="checkbox"/>	Hairdressing/Beauty Salon-Low Risk/ear and nose piercing only
PHMR04	<input type="checkbox"/>	Hairdressing/ear and nose piercing only
PHMR05	<input type="checkbox"/>	Beauty Salon – Low Risk (includes: waxing, tinting, facials, laser treatment and ear/ nose piercing only)
PHMR06	<input type="checkbox"/>	Acupuncture / Massage

Environmental Health Officer's Report:

Inspected by:		Inspection passed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:		Date:	
Data Input by:		Licence Number:	
Next Inspection Date:			