

SKIN PENETRATION PREMISES REGISTRATION FORM

PROPERTY DETAILS

.....
Location of the premises.
Please provide all details.

Lot No./Sec No. DP/SP No. Unit/Shop No.

Street No. Street name

Suburb Post code

Shopping centre/building name

BUSINESS DETAILS

.....
Please fill in all details.

Business/trading name ABN/ACN Date business started

Company name Contact person/s

Postal address - business
Street No. Street name

Suburb Post code

Contact phone number Email address

Postal address - proprietor/director
Street No. Street name

Suburb Post code

Contact phone number Email address

TYPE OF SKIN PENETRATION ACTIVITIES

(PERFORMED AS PART OF BUSINESS OPERATIONS)

Tattooing	Manicure	Other (please specify)
Body Piercing	Pedicure	
Ear Piercing	Acrylic Nails	
Colonic Lavage	Waxing	
Electrolysis	Micro-Dermabrasion	

DEVELOPMENT CONSENT

Has development consent been granted for the above use? Yes No

DA No.:

Has a Construction Certificate (CC) been issued for the premises fit-out? Yes No

CC No.:

PRIVACY

Any personal information submitted to Penrith City Council will be dealt with according to the *Privacy & Personal Information Protection Act (1998)*, *Government Information Public Access Act (2009)* and the *Local Government Act (1993)*.

APPLICATION DECLARATION

I declare the information provided in this application is accurate and correct.

Signature/s

Date

NEED HELP?

Call our Environmental Health team on **4732 8055**
8:30am - 4:00pm Monday to Friday or see penrithcity.nsw.gov.au

OFFICE USE ONLY

Date received

Responsible officer

Signature

SP No.

Property No.

DA No.

CC No.

SD account No.

Notes

SUBMISSION

Please take or send this application form and attached information to Council

Penrith City Council
601 High Street
PENRITH NSW 2750

PO Box 60
PENRITH NSW 2751

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