

## REGISTRATION OF PREMISES UNDERTAKING **SKIN PENETRATION PROCEDURES**

Public Health Act 2010, Clause 38 (2) Public Health Regulation 2012, Clause 31 & 32

It is important that Council is able to contact you if more information is required. Please give as much detail as possible.  Title	. Occupier details (the p	erson that	owns or operates the busin	ness)		
Given name/s  Business/Company name  ABN/ACN of Occupier (if any)  Occupier's home address  Occupier's postal address  Business number  Mobile number  Home number  Email address  Please indicate for which purpose you are submitting this form by ticking one of the boxes below  New premises  Change of trading name  Ceased to trade  Change of occupier  Ceased to exist  Fixed trading address (if using mobile premises nominate the local government area/s you will operate in)	It is important that C	Council is able	to contact you if more information	on is required. Pleas	se give as much detail as po	essible.
Business/Company name  Occupier's home address  Occupier's postal address  Business number  Mobile number  Home number  Email address  Please indicate for which purpose you are submitting this form by ticking one of the boxes below  New premises  Change of trading name  Ceased to trade  Change of occupier  Ceased to exist  Fixed trading address (if using mobile premises nominate the local government area/s you will operate in)	Title					
Occupier's home address  Occupier's postal address  Business number	Given name/s			Surname		
Occupier's home address  Occupier's postal address  Business number						
Occupier's postal address  Business number	Business/Company nam	<u>ie</u>			ABN/ACN of O	CCUDIET (if any)
Business number	Occupier's home addre	SS				
Email address  2. Premises details (required to arrange site access and inspection)  Please indicate for which purpose you are submitting this form by ticking one of the boxes below  New premises	Occupier's postal addres	SS				
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	Change of occupier		Ceased to exist			
Trading name	Fixed trading address (if	using mob	ile premises nominate the	local governme	ent area/s you will oper	ate in)
Trading name						
	Trading name					

Include the skin penetration procedures to be undertaken:  Electrolysis				1		<del>-</del>	^					
Electrolysis				ken	undertal	Type of procedures u	3.					
Acupuncture		Include the skin penetration procedures to be undertaken:										
Blood testing		Waxing		Colonic lavage		Electrolysis						
Tattoo	nt 🗆	Cosmetic enhancement		Body piercing		Acupuncture						
Nails (when using instruments that penetrate the skin)  Other (please specify)  Note: Skin penetration procedures carried out by a registered health practitioner under the Health Practitioner Regulation National Law or by a person acting under the direct supervision of a registe health practitioner is not required to register with Council.  4. Applicable fees and charges  An administration fee and initial inspection fee may be applicable.  To view the fees and charges associated with this application please refer to Council's adopted fees and www.bellingen.nsw.gov.au  5. Access to information  • your information may comprise part of a public register related to this purpose;  • your application will be retained in Council's Records Management System and disposed of in accordar the Local Government Disposal Authority;  • your personal information can be accessed and corrected at any time by contacting this Council.  6. Occupiers signature  I/we declare that to the best of my knowledge all particulars supplied by me are correct and com I/we understand that inaccurate or false statements may cause my application to be delayed or rescinded.  Signature  Date  Date		Microdermabrasion		Body modification		Blood testing						
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Date paid  Administration fee (9041108) Inspection fee (9032140)  Receipt no.		Receipt no.										