



HUNTER'S HILL COUNCIL

SKIN PENETRATION REGISTRATION APPLICATION FORM

1. PROPRIETOR

Mr Mrs Ms Miss Dr Other

Business/Trading Name _____

Company Name or ACN _____

ABN/CAN _____

Date Business Started _____

Postal Address _____

Email _____

Contact Person _____

Telephone _____

Alternate _____

Mobile _____

Facsimile _____

2. LOCATION OF PROPERTY (Premises to be Registered)

Unit No/Shop No _____

Lot No/Sec No. _____

DP/SP _____

Street _____

Suburb _____

Post Code _____

Shopping Centre/
Building Name _____

3. DETAILS OF PREMISES (Type of skin penetration)

Tattooing Body Piercing Ear Piercing

Colonic Lavage Electrolysis Manicure

Pedicure Acrylic Nails Waxing

Micro-Dermabrasion Other (Please Specify) _____

Trading Hours _____



SKIN PENETRATION REGISTRATION

4. APPLICANT'S AUTHORITY

I hereby apply for registration of the skin penetration premises described in this application.

Signature _____

Date _____

Privacy Statement

The personal information requested in this form is required under the *Environmental Planning and Assessment Act 1979* and will only be used in connection with the requirements of this legislation. If you do not provide the information, Council will not be able to process your application. This information will be available to Councillors, Council Officers, consultants to the Council and members of the public as required by the Act. Council is to be regarded as the agency that holds the information. You may request amendments of any personal information held by Council that is incorrect.
