APPLICATION FOR REGISTRATION OF A PERSONAL APPEARANCE PREMISES



All sections to be completed

PROPRIETOR DETAILS:					
Proprietor/Entity Name as per ABN: (This is the name of the business owner(s). Please state person(s) name if sole trader/partnership or full name of company i.e., John Smith or J Smith Pty Ltd. Applications submitted as a trust/trustee will not be accepted)					
ABN Number: (Must match Entity Name)					
Postal Address:					
Suburb:			Post Code:		
CONTACT DETAILS:					
Contact Name:					
Phone: (including A/H)					
Email:					
PREMISES DETAILS:					
Business Trading Name: (Actual business name)					
Premises Address: (where situated)					
Phone:					
Email:					
DESCRIPTION OF USE OF F	PREMISES: (Please tick	call boxes tha	nt apply – there may	y be multiple)	
☐ Skin Penetration – Tattoo Parlour		□ Hairdre		,	
☐ Skin Penetration – Body Piercing			please specify)		
☐ Skin Penetration – Beauty Therapist					
☐ Skin Penetration – Mass	sage				
DECLARATION:					
I, the person making this application, declare that the information contained in this application is true and correct in every particular.					
Signature:		Date:	Date:		

How to lodge this form:

Email: <u>info@bunbury.wa.gov.au</u>

Post: PO Box 21, BUNBURY WA 6231 In person: 4 Stephen Street, Bunbury