

## NOTIFICATION OF SKIN PENETRATION PREMISES

Public Health Regulation 2012 Part 4 Clause 31

Details	
Business name, ABN/ACN, address phone number	Unit/Shop No:Street No:Street:  Suburb:  Lot:DP:
Name, residential address and contact phone numbers of the Occupier	Type of Premises:  Occupier's Name:  Residential address:  Post Code  Phone: Home.  Mobile:  Fax:  Email:
<ul><li>□ Spray tan</li><li>□ H</li><li>□ Beautician</li><li>□ Bo</li></ul>	vided: (please tick) airdressing/Barber □ Beautician □ Acupuncture □ Ear Piercing □ Tattoo dy Piercing □ Cosmetic Tattoo □ Waxing □ Micro dermabrasion □ Laser □ Pedicure □ Diathermy □ Manicure □ Electrolysis □ Shaving (Razor or Cutthroat)
Type of Registration:	
activ	ration of Skin Penetration Premises does not imply development consent of the ity <b>nor</b> _does it imply approval of the construction or fit out of the premises for osed/additional/alternate uses. Additional Approvals and/or Registrations may be ired.
<b>Signature</b> : Si	gnature of Occupier:
	Date:

Please return this form to Blayney Shire Council
91 Adelaide Street, Blayney NSW 2799, Email <a href="mailto:council@blayney.nsw.gov.au">council@blayney.nsw.gov.au</a>.
Should you require assistance or additional information please contact Council's Department of Planning and Environmental Services Ph: 02 6368 2104