



# Notification Form

## Beauty, Hairdresser, Barber, Skin Penetration Procedures

### About this form

This form is to notify a beauty, hairdressing, barber or business performing skin penetration procedures. Notifying skin penetration procedures is a requirement of the Public Health Regulation 2012 Part 4 Clause 31.

### How to complete this form:

1. Ensure that all fields have been filled out correctly.
2. Please note that all fields marked with an \* are mandatory and must be completed.
3. Once completed, submit this form as indicated in the Lodgment details section (Part 5 of this form).

### Part 1: Premises Details

Trading Name: <input type="text"/>		
Unit/Shop Number: <input type="text"/>	Street Number: <input type="text"/>	Street: <input type="text"/>
Suburb: <input type="text"/>	Lot: <input type="text"/>	DP: <input type="text"/>
Is this a: New Premises Existing Premises – Updating New Ownership Existing Premises – Updating Details Mobile Premises		
Type of premises: Hairdresser Tattooist Beauty Salon Barber		

### Part 2: Ownership Details / Proprietor

**This business is owned by: (choose and complete from below options)**

<b>SOLE TRADER</b>		
Name: <input type="text"/>	ABN: <input type="text"/>	Contact Number: <input type="text"/>
Email Address: <input type="text"/>		
Postal Address: <input type="text"/>		

<b>COMPANY</b>	
Company Name: <input type="text"/>	ABN: <input type="text"/>
Director/Contact Person: <input type="text"/>	
Business Phone Number: <input type="text"/>	Mobile Number: <input type="text"/>
Email Address: <input type="text"/>	
Postal Address: <input type="text"/>	

**TRUST**

Trust Name:

ABN:

Trustee Name:

Trustee ACN/ABN:

Contact Number:

Email Address:

Postal Address:

**Part 3: Services to be Provided**

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Hairdressing/barber</li> <li>• Makeup</li> <li>• Spray Tan</li> <li>• Ear/body piercing</li> <li>• Tattoo</li> <li>• Scarification</li> <li>• Massage</li> <li>• Facial</li> </ul> | <ul style="list-style-type: none"> <li>• Micro/hydro dermabrasion</li> <li>• Laser</li> <li>• Colonic lavage</li> <li>• Pedicure</li> <li>• Cosmetic tattoo (including microblading, feathering)</li> <li>• Sub-dermal implants</li> <li>• Platelet rich plasma therapy</li> <li>• Micro/skin needling</li> </ul> | <ul style="list-style-type: none"> <li>• Shaving</li> <li>• Waxing</li> <li>• Diathermy</li> <li>• Electrolysis</li> <li>• Wet cupping</li> <li>• Mesotherapy/injectables</li> </ul> |
|---|---|--|

**Disclaimer: Acceptance of business notification does not imply development consent of the activity nor does it imply approval of the construction or fit-out of the premises.**

**Part 4: Declaration**

I declare that the information provided on this form is accurate, complete and correct.

Name

Signature

Date

**Part 5: Lodgement details**

You can lodge your notification by:

**EMAIL:** [mail@camden.nsw.gov.au](mailto:mail@camden.nsw.gov.au)

**MAIL:** Camden Council, PO Box 183, CAMDEN NSW 2570

**IN PERSON:** 70 Central Avenue ORAN PARK

**WHAT NOW:** Once your notification is received a Council Officer will contact you if further information is required. For further information regarding your application please contact us by:

**TELEPHONE:** (02) 4654 7777

**WEBSITE:** <https://www.camden.nsw.gov.au/>

**Office Use Only**

File Number

Date

Receiving Officer