

Port Stephens Council is collecting your business details in accordance with the Public Health Act 1991. Particulars are to be provided in order to register your business with Council. This form is used if you are a new business, taking over an existing business or change of details.

Note: Development consent may be required prior to undertaking any activities and submitting this form. Contact Council's Duty Planner on 4980 0115 to determine if development consent is required.

OFFICE USE ONLY

Date of Receipt:

File No: PSC

Applicant Details

Applicant/s Name	<input type="text"/>		
Residential Address	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Business Details

New Business
 Taking over a hair/beauty/skin penetration business
 Change of details

Business Trading Name	<input type="text"/>		
Previous Business Trading Name (if applicable)	<input type="text"/>		
Business Address	<input type="text"/>		
Business Owner Details	<input type="text"/>		
Business Phone	<input type="text"/>	ABN	<input type="text"/>
Postal Address	<input type="checkbox"/> Residential Address <input type="checkbox"/> Business Address <input type="checkbox"/> Other (please specify below)	<input type="text"/>	

Procedures to be undertaken

<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Barber	<input type="checkbox"/> Beauty Therapy	<input type="checkbox"/> Waxing	<input type="checkbox"/> Manicure
<input type="checkbox"/> Pedicure	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Ear Piercing	<input type="checkbox"/> Nose Piercing
<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Cosmetic Tattooing	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Blood Testing	<input type="checkbox"/> Colonic Lavage
<input type="checkbox"/> Other (please specify below) <input type="text"/>				

Declaration and Signature of Applicant/s

I/We hereby make application to Council for permission to operate a hairdressing/beauty/skin penetration business in the Port Stephens Local Government Area. I/We confirm that the above particulars are true and correct and that I/we agree to abide by the Public Health Act 2010. I/We understand that the business will be subject to regular health and hygiene inspections by Council's Environmental Health Officers.

<input type="text" value="x"/>	<input type="text" value="x"/>	Date	<input type="text"/>
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Submit

Please return your completed and signed application to:

**In person/mail: 116 Adelaide Street/PO Box 42
Raymond Terrace NSW 2324**

Online: