

# Health Premises Registration Form

## Guidance

This form is to be used by businesses including beauty therapists undertaking skin penetrating procedures (i.e waxing etc), public swimming pool/spa pool operators, mortuaries and cooling towers. The form must be completed prior to the commencement of business and to update registration details as required,

You can lodge the completed application form by:

Email: council@shellharbour.nsw.gov.au

In person: Council's Civic Centre at 76 Cygnet Avenue, Shellharbour City Centre

## 1. Business Details

This application is for:

- |   |   |
|---|---|
| <input type="checkbox"/> a new health business registration | <input type="checkbox"/> new owner      |
| <input type="checkbox"/> a change of business name          | <input type="checkbox"/> cease to trade |
| <input type="checkbox"/> other _____                        |   |

If applicable, existing application number HTH\_\_\_\_\_ / \_\_\_\_\_

Business Name

Address

## 2. Type of Health Business

(\* denotes the procedure does not involve skin penetration)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hairdressing *                                     | <input type="checkbox"/> Waxing               | <input type="checkbox"/> Ear piercing          |
| <input type="checkbox"/> Beauty therapy *                                   | <input type="checkbox"/> Acupuncture          | <input type="checkbox"/> Body piercing         |
| <input type="checkbox"/> Tattooing  | <input type="checkbox"/> Cosmetic enhancement | <input type="checkbox"/> Electrolysis          |
| <input type="checkbox"/> Nail technician <b>excluding</b> cuticle cutting * | <input type="checkbox"/> Colonic irrigation   | <input type="checkbox"/> Derma-roller          |
| <input type="checkbox"/> Nail technician <b>including</b> cuticle cutting   | <input type="checkbox"/> Microdermabrasion    | <input type="checkbox"/> Semi-permanent makeup |
| <input type="checkbox"/> Public Swimming Pool                               | <input type="checkbox"/> Mortuary             | <input type="checkbox"/> Cooling Towers        |
| <input type="checkbox"/> Other _____  |   |  |

If you are conducting any of the above procedures that involves skin penetration, do you have a Development Consent from Shellharbour City Council?

- Yes      Development Consent Details / application number: \_\_\_\_\_
- No

### 3. Proprietor Details

Organisation Name / Company Name (if applicable)

ABN

Name of business owner

Address (for Council correspondence related to this application)

Preferred contact number

Email

### 4. Declaration

As the applicant, I hereby apply for registration of the health premises as described in this application. I acknowledge that my details will be entered into Councils database and that the premises will also be inspected by a Council Authorised Officer (there are prescribed fees associated when an inspection is carried out).

Applicant / Business Owner Name

Signature

Date

### 5. Fees and Charges

Council may inspect without prior notice to assess the business for compliance with legislative requirements. For a listing of applicable fees to accompany this application please refer to Council's Schedule of Fees & Charges which can be downloaded [here](#).