Notification of a Hair & Beauty Therapy Premises

For helpful information on your hair or skin penetration business, please visit our webpage for guidelines to assist you to complete this form

Section 1. Business Details

Trading Name:
Company Name: (if Applicable)
ABN:
Postal Address:
Phone:
Mobile:
Email:

Section 2. Proprietor's Details the Proprietor is the person who conducts or is in charge of the business

Proprietor's Full Name:	
Residential Address:	
Phone:	Mobile:
Email:	

Section 3. Type of Business (Please tick)

☐	Home Occupation	☐	Commercial
☐	Mobile	☐	Other

Section 4. Type of Activity of the Premises (Please tick all that applies)

☐	Acupuncture	☐	Massage
☐	Cosmetic tattooing	☐	Permanent eyebrow and lip lining
☐	Eye lash and eyebrow	☐	Skin needling
☐	Facials and/ or microdermabrasion	☐	Shaving
☐	Hairdressing	☐	Skin piercing
☐	Lancing (i.e., removal of blackheads)	☐	Tattooing
☐	Manicure/pedicure	☐	Waxing
☐	Other, please specify:		

Section 5. Facilities

Do you have hot water service provided: ☐ YES ☐ NO

Laundry facilities: ☐ Available on the premises ☐ Take home for washing

Are refreshments provided? (e.g. complimentary drinks/ food for clients):
☐ YES* ☐ NO

*Under the Food Act 2008, you will need to be registered as a food business, for more information please visit our website.

Section 6. Qualifications and Training

Please specify your qualifications and training:

Are you registered with the Australian Health Practitioner Regulation Agency?
If yes, please provide registration number:

Section 7. Only applies to new buildings or buildings undertaking refurbishments

Are you building/fitting out a new business? ☐ YES ☐ NO

Are you making structural alterations or changes to the layout of the existing food business? ☐ YES ☐ NO

If YES to the above, please provide a copy of the floor plan. Note that you will need to show the following internal fittings detailed in your attachment:

1. Procedures area e.g. for waxing, tattooing, massage etc (please indicate the type of floor covering, walls, ceiling, shelves, fittings and any other furniture present);
2. Hand free type hand wash basin supplied with hot and cold water, soap and paper towels in the immediate treatment area;
3. Sink designated for cleaning and decontaminating equipment only;
4. Work space and preparation area (separate from treatment areas);
5. Work stations;
6. Instruments and equipment storage area;
7. Preparation area for refreshments;
8. General waste and medical waste containers;
9. Natural/mechanical ventilation (e.g. windows, evaporative air-conditioner outlet etc).

Section 8. Sterilisation Procedures (if Applicable)

Please attach details of sterilisation equipment(s) to be used:

- Equipment brand name and model no.
- Type (autoclave/ dry heat)
- Specifications (temperature, pressure and time)
- Details of calibration including certificate of calibration
- Details of maintenance including servicing details and log sheets
- Disinfection and/ or sterilisation plan

Click this icon to View Attachments linked to this document.

Declaration:

I, (business owner name) declare that the information contained is true and correct in every particular.

Signature of business owner: **Date**:

Note: We collect your personal information to process your request in accordance with the standards set out in the Privacy and Responsible Information Sharing Act 2024 (PRIS Act). By completing this form, you confirm that you have read and acknowledge the collection of your personal information. For full information about how we handle your personal information, please visit https://www.melvillecity.com.au/privacy.

Submit

Email to: Health.admin@melville.wa.gov.au