

APPLICATION FOR HAIRDRESSING PREMISES

Name of Applicant: _____

Address: _____

_____ Post Code _____

Phone: _____ Fax: _____ Mobile: _____

ADDRESS OF BUSINESS:

Name of Business: _____ ABN: _____

Street No: _____ Street: _____

Suburb: _____ Post Code: _____

Phone: _____ Fax: _____ Email: _____

TYPE OF BUSINESS: (Please tick all boxes applicable)

Home occupation Mobile Commercial

TYPE OF ACTIVITIES: (Please tick all boxes applicable)

Hairdressing Shaving (e.g. use of cut throat razor/disposable razors)

Other activities: _____

FACILITIES:

Number of work stations _____

Number of hair wash basins (minimum 1 per 3 workstations) _____

Number of handwash basins _____

Sink designated for cleaning and decontaminating equipment YES/NO (Circle)

Hot water services provided YES/NO (Circle)

Laundry facilities Available on the premises/taken home (Circle)

Refreshments provided (e.g complimentary drinks/food for the client) YES*/NO (Circle)

*Food Business must be notified under the Food Act 2008.

QUALIFICATIONS/TRAINING: _____

PLEASE NOTE: the following information item must be provided in writing with this application, or it will not be processed.

Copy of the internal fittings detailed layout showing the locations of the following.

1. Hairdressing area (please indicate the type of floor covering, walls, ceiling, shelves, fittings and any other furniture present).
2. Work stations.
3. Hair wash basin supplied with hot and cold water.
4. Handwash basin supplied with hot and cold water.
5. Sink designated for cleaning and decontaminating equipment only.
6. Preparation area for refreshments.
7. Staff Facilities.
8. General waste, hair wastes and medical wastes receptacles.
9. Instruments and equipment storage area.
10. Natural/mechanical ventilation (e.g. windows, evaporative air-conditioner outlet etc).

<p>Declaration:</p> <p>I, _____ (name of the applicant) making this application declare that the information contained in this application is true and correct in every particular.</p> <p>Signature of applicant: _____ Date: _____</p> <p>In the case of a company, the signing officer must state position in the company</p> <p>Position (if applicable) _____</p>
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OFFICE USE

Health Application Number: _____

CS/CA Officer: _____

There are currently no fees relating to a Hair Dressing Establishment

