##  Notification of a Hair & Beauty Therapy Premises

For helpful information on your hair or skin penetration business, please visit our [webpage for guidelines](https://www.melvillecity.com.au/our-city/business-hub/operating-a-business/hairdressing-skin-penetration-or-beauty) 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  |
|[x]  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](https://www.melvillecity.com.au/our-city/business-hub/operating-a-business/business-permits-and-approvals).

**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 business?

[ ] YES [ ]  NO

 If YES to the above, please **email** 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 **email** 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

**Declaration:**

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

**Signature of business owner: Date**:

**Please provide this signed and completed form along with the supporting documentation in email to** **health.admin@melville.wa.gov.au**