

**City Administrative Centre** Bridge Road, Nowra, NSW, Australia, 2541

**Address all correspondence to:** The General Manager, PO Box 42, Nowra, NSW, Australia, 2541

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Business Name: .....

Address of Premises: .....

.....

Business Telephone Number:.....

ABN or ACN (if any): .....

### Types of Skin Penetration Procedure(s)

- Acupuncture       Waxing       Dermabrasion       Manicure/Pedicure       Body Piercing  
 Cosmetic Enhancements       Colonic Lavage       Tattooing       Blood Cholesterol/glucose measurement  
 Other .....

### Owner/Occupier Details

Name of Owner of Procedure Business: .....

Owner's Residential Address: .....

.....

Residential Telephone: .....

Mobile: .....

Email:.....

### Applicants Authority

I hereby apply for the registration of the Skin Penetration Business at the above mentioned premises listed in this registration

Applicant Signature: ..... Date:.....

**This notice is to be accompanied by the registration fee determined by the local government authority**

**NOTES:**

1. Where the procedure premises are mobile, the occupier must notify the local government authority in which the occupiers resides.
2. The local government authority must be notified within 7 days of any change of particulars.

**Privacy Notification: The information on this form is being collected by Council for administrative and assessment purposes.**  
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