

## Notification of Skin Penetration Procedure Premises

City Development – Environmental Services

### Guidance

Once received this information will be entered into Council's Skin Penetration Register. Your premises will then be routinely inspected at least once per year dependent upon performance and compliance with the Regulations. Reinspection may occur for non-compliances and a fee charged.

**Note:**

- The Local Government Authority (LGA) must be notified within 7 (seven) days of any changes to details.
- Where the procedure premises are mobile, the applicant must notify the LGA in which the applicant resides.

### 1 Business Details

Entity Name:

Entity ABN/ ACN:

Trading/ Business Name (if different from above):

Trading Address (location of business):

Trading/ Business Postal Address (as registered with ASIC):

Contact Person:

Telephone/ Mobile:

Email:

### 2. Applicant Details

Mr  Mrs  Ms  Other:

First Name:

Last Name:

Unit / Street No:

Street Name:

Suburb:

State:

Postcode:

Telephone / Mobile:

Email:

### Office use only

Receipt Number:

Amount \$:

Issue Date: 03/2021

Review Date: 08/2023

Next Review Date: 08/2024

Form No: 3555

Owned by: Env Services



**3. Description of Procedure/s (please tick all applicable)**

<input type="checkbox"/> Body Piercing (ear/nose/etc)	<input type="checkbox"/> Colonic Lavage / Irrigation
<input type="checkbox"/> Microdermabrasion / Dermabrasion	<input type="checkbox"/> Cosmetic Enhancements
<input type="checkbox"/> Tattooing	<input type="checkbox"/> Manicure/ Pedicure with cuticle cutting
<input type="checkbox"/> Waxing	<input type="checkbox"/> Other (specify)

**4. Applicant Declaration**

I hereby apply for the registration of a skin penetration business at the address provided above. I hereby permit any duly authorised officer of the Council of the City of Shoalhaven to enter the premises to carry out inspection as required for the administration of the Act(s) and Regulations.

Applicant Signature:	Date:
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**Important information**

**Privacy & Public Access to Information**

Information supplied on this form will be managed in accordance with [Council's Privacy Management Plan](#), [Public Access to Council Information Policy](#) and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the *Government Information (Public Access) Act 2009* (GIPA Act). Further information on privacy and public access to information can be found on Council's website: <https://shoalhaven.nsw.gov.au/My-Council/About-Council/Privacy-and-personal-information>

**Lodgement Details**

You can lodge the completed application by  
**Email:** [council@shoalhaven.nsw.gov.au](mailto:council@shoalhaven.nsw.gov.au) or  
**In person:** Council offices at Bridge Rd, Nowra or Deering St, Ulladulla.  
**Mail:** PO Box 42, Nowra NSW 2541 Australia  
Once your application is received, a Council Officer will contact you if further information is required.