



APPENDIX 1

APPLICATION FOR APPROVAL TO ESTABLISH A SKIN PENETRATION PREMISES

**TO: City of Gosnells
PO Box 662
GOSNELLS WA 6990**

I/We hereby apply for approval to establish a Skin Penetration Premises to operate within the boundaries of the City of Gosnells. I/We are aware of the conditions that apply to such an approval and the requirements imposed by the governing regulations. All details provided are true and correct.

____ / ____ / ____
Date

Signature of Applicant (s)

APPLICANTS DETAILS

Name of Applicant/s (in full):			
Residential Address:			
Telephone: (Home):		(Mobile):	Fax:
(Business):		E-mail:	
Proof of ID	Drivers Licence No:	Expiry Date:	Date of Birth:
or Other: (eg: passport, photo id)		# :	

PREMISES DETAILS

Name of Premises (in full):			
Skin penetration activities (e.g. tattooing, piercing, waxing, nails):			
Postal Address:			
Street Address:			
Telephone: (Business):		(Mobile):	Fax:
Internet: Web:		E-mail:	
Registered Business Name:			
AUS (ASIC) Year:	ABN:	WA (DOCEP) Year:	BN:
Are you a member of a Trade or Industry Association? No / Yes Name:			
Do you participate in a "Quality Accreditation" or "star rating" program? No / Yes Name:			
Open - Days/Hours:			
Is the premises connected to sewer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Floor plan of premises attached: No <input type="checkbox"/> Yes <input type="checkbox"/>	

OFFICE USE ONLY			
Fee: \$133		Inspection date:	Officer:
Application: APPROVED / REFUSED		Works required: No / Yes – file ref:	
DATE	RECEIPT NO.	AMOUNT PAID	CASHIERS I.D.