

**APPENDIX 1****APPLICATION FOR APPROVAL TO ESTABLISH A
SKIN PENETRATION PREMISES****APPLICANTS DETAILS**

Name of Applicant/s (in full):	
Residential Address:	
Telephone: (Home):	(Mobile):
(Business):	E-mail:
Date of Birth:	

PREMISES DETAILS

Name of Business:	
Skin penetration activities (e.g. tattooing, piercing, waxing, nails):	
Street Address:	
Postal Address:	
Telephone: (Business):	(Mobile):
Website:	E-mail:
Registered Business Name:	
ACN:	ABN:
Are you a member of a Trade or Industry Association? No / Yes	
Name:	
Open - Days/Hours:	
Is the premises connected to sewer? Yes <input type="radio"/> No <input type="radio"/>	Floor plan of premises attached with application: Yes <input type="radio"/>

Please include with the application form:-

* A **floor plan** showing the layout of the premises, clearly identifying the Work Space area(s) & Preparation area and showing the location of equipment, hand basins, storage, bins etc.

* A copy of all relevant skin penetration industry **training and qualification certificates**

Fee: See City of Gosnells website under 'Fees And Charges' for current Skin Penetration application fee

Declaration

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

Name of Applicant

Signature

Email to - info@gosnells.wa.gov.au