

Application for Skin Penetration Procedure Premises

Application No: _____
Date Lodged: _____ Receipt: _____

Type of Skin Penetration Procedure(s)(Please select)

<input type="checkbox"/>	Tattooing	<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Body Modification
<input type="checkbox"/>	Blood testing	<input type="checkbox"/>	Beauty	<input type="checkbox"/>	Colonic Lavage
<input type="checkbox"/>	Cosmetic Enhancement	<input type="checkbox"/>	Waxing	<input type="checkbox"/>	Electrolysis
<input type="checkbox"/>	Other:				

Registration of a Skin Penetration Premise will be accompanied with a fee of \$100 as per Clarence Valley Councils Fees and Charges (Public Health Regulation 2012 Clause 31)

Applicant/Occupier Details

Name: _____
Phone: _____
Email*: _____
Postal Address: _____
Signature: _____
***Preferred method of contact unless otherwise stated.**

Business Details

Trading Name: _____
ABN/ACN: _____ Number of Staff: _____
Phone: _____
Email*: _____
Postal Address: _____
Signature: _____
***Preferred method of contact unless otherwise stated.**

Property Details – Address of Premises

Lot No:	Sec No:	DP No:
No:	Street:	Locality:

Privacy & Personal Information Protection Notice:

Purpose of Collection:	Public access to Council's documents.
Intended recipients:	Council staff and is publicly available under the Government Information (Public Access) Act 2009
Supply:	Voluntary, a consequence of non-provision is that insufficient information will be provided. Request for
Access/Correction:	access/correction of information under the Government Information (Public Access) Act 2009 or Privacy & Personal Information Protection Act 1998, contact the Council
Storage:	This form will be placed on a relevant file and/or will be saved on Council's main records management database when the request has been processed and the enquiry is completed