

1. Proposed Business Details			
Business trading name:			
Address of the premises:			
Type of business: <input type="checkbox"/> Commercial premises <input type="checkbox"/> Home occupation <input type="checkbox"/> Mobile operation <i>If it is a mobile operation, and supplies are stored at home, please write the address of your home.</i> <i>If it is a home occupation, you must have approval / exemption from Planning Services</i>			
<input type="checkbox"/> New premises <input type="checkbox"/> Existing premises – change of details/owner <i>If existing premises and layout has been modified, please provide new floor plan.</i>			

2. Applicant Details			
Proprietor name:			
Postal address:			
Suburb:		Postcode:	
Business Phone:		Mobile:	
Email:			
ABN/ACN:			

3. Beauty / Skin Penetration Premises	
Hand wash basin is hands-free with a single outlet of warm water provided in the immediate area of the procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquid soap dispenser and single-use paper towel dispenser provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please tick proposed procedures: Critical procedures <i>Appliances enter or penetrate the skin. Cleaning and sterilisation/single use required.</i> <input type="checkbox"/> Tattooing <input type="checkbox"/> Acupuncture/dry needling <input type="checkbox"/> Electrolysis <input type="checkbox"/> Cosmetic tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Branding <input type="checkbox"/> Lancing <input type="checkbox"/> Body Art <input type="checkbox"/> Platelet Rich Plasma Therapy <input type="checkbox"/> Other _____	
Semi-critical procedures <i>Appliances may come into contact with mucosa or blood. Cleaning and disinfection required.</i> <input type="checkbox"/> Waxing <input type="checkbox"/> Shaving <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Manicure / Pedicures <input type="checkbox"/> Acrylic nails <input type="checkbox"/> Threading <input type="checkbox"/> Tweezing <input type="checkbox"/> Other _____	
<i>Please note – Critical and Semi-Critical beauty/skin procedures cannot be conducted as a mobile business</i>	

4. Hairdressing Premises	
Number of work station(s):	
Number of wash basin(s) (minimum 1 per 3 workstations):	

5. Food requirements

Do you provide complimentary refreshments? (eg tea/coffee, biscuits etc.) ☐ Yes ☐ No

If yes, please ensure food and food contact surfaces (cups/plates etc.) are stored and cleaned in a separate area to work preparation/procedure area.

6. Application requirements – please ensure the following is provided with application

- ☐ A detailed cleaning/maintenance schedule
- ☐ Proposed disinfection/sterilisation techniques
- ☐ A floor plan detailing all structure and furniture surface finishes, the location of fittings, furniture and sinks.
- ☐ Step-by-step blood spill/accident clean-up procedure (beauty/skin penetration only)

7. Fees – new and existing premises

<input type="checkbox"/> Hairdressing only	\$80
<input type="checkbox"/> Beauty/skin penetration only	\$80
<input type="checkbox"/> Combined hairdressing and beauty/skin penetration	\$160

8. Declaration

I, _____ (name of applicant) declare that the information contained in this application is true and correct in every particular.

Signature of Applicant: _____ Date: _____

Submission of application forms and associated documents to be made by post, email or in person at the City's Administration office – Civic Boulevard Rockingham.

Email: customer@rockingham.wa.gov.au

Post: PO Box 2142
ROCKINGHAM WA 6967

Applications received by email or post will be contacted by phone for payment via credit card.