

## Skin Penetration Notification Form

<b>Business Details</b>	Company Name:		
	Trading Name:		
	Type of Business:		
	ABN:		
	Address of Premises:		
	Suburb:		Postcode:
	Business Phone:		Mobile:
	Email Address:		
<b>Postal Address</b>	Postal Address:		
	Suburb:		Postcode:
<b>Licensee Details</b>	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other		
	Family Name:		Given Name:
	Company/Organisation (If applicable):		
	Address: Unit/Street No:		Street:
	Suburb:		Postcode:
	Mobile:	Phone:	Email:
<b>Details of Contact Person on Premises (If different to Licensee)</b>	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other		
	Family Name:		Given Name:
	Mobile:	Phone:	Email:
<b>Skin Penetration Procedures Carried Out</b>	<input type="checkbox"/> Waxing <input type="checkbox"/> Nails <input type="checkbox"/> Body Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Other Please Specify:		
<b>Fee</b>	Please note that a Registration/Notification fee will be invoiced as per Council's current Fees & Charges.		
<b>Authorisation</b>	I certify that the details I have provided are true and accurate. I undertake to keep Hornsby Shire Council informed of any changes.		
	Signature:		
	Name:		Date:
<i>Office Use Only</i>	<i>Licence Number: SKIN/</i>		