



Information for the proprietor

- Under section 38 of the *Public Health Act 2010* occupiers of premises where skin penetration procedures are carried out must notify their local council before operating.
- Skin penetration procedures include procedures such as acupuncture, tattooing, ear piercing, hair removal, colonic lavage or the penetration of a mucous membrane, but do not include procedures carried out by a registered health professional or laser hair removal.
- Information collected from this form will be recorded in Council's register of premises where skin penetration procedures are carried out. Under section 32 of the *Public Health Regulation 2012* this register must be made available for inspection by NSW Health.
- There is a fee of \$100 associated with this notification. An invoice for this fee will be sent once the notification has been processed.
- Please return this completed form to Council:

By email

council@qprc.nsw.gov.au

In person

256 Crawford Street, Queanbeyan
 10 Majara Street, Bungendore
 144 Wallace Street, Braidwood

By mail

PO Box 90, Queanbeyan,
 NSW 2620

SECTION A: Business details

Business trading name	
Business address (or mobile business garaging address)	
Business phone number	
Skin penetration procedures offered	<input type="checkbox"/> tattooing (including cosmetic tattooing) <input type="checkbox"/> dry needling <input type="checkbox"/> piercing <input type="checkbox"/> electrolysis <input type="checkbox"/> body modification <input type="checkbox"/> waxing <input type="checkbox"/> derma planning/blading <input type="checkbox"/> manicure/pedicure <input type="checkbox"/> microdermabrasion <input type="checkbox"/> colonic lavage

SECTION B: Proprietor details

SECTION B1: Company details (complete if business operates as a company)

Company name	
ABN	

Registered company address	
SECTION B2: Individual details (complete if business operates under a sole trader, partnership or other entity)	
Individual name(s)	
ABN	
Residential address	
SECTION B3: Proprietor contact details (all business types complete)	
Preferred postal address	
Email address	
Phone	
Mobile	
SECTION C: Emergency contact details	
Name	
Address	
Email address	
Phone	
Mobile	
SECTION E: Applicant signature	
Name	
Signature	
Date	