

# Hairdressing, Beauty and Skin Penetration Premises Notification Form



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This notification form is to be completed by businesses conducting hairdressing, beauty or skin penetration procedures. Please use block letters. Submit via mail, fax, email or in person.

*\*bolded fields indicates mandatory entry*

**New business** [ ]      **Updating existing business details** [ ]

## Proprietor / Company Details

<b>Company Name*</b>		ABN	
<b>Contact Person*</b>			
<i>First Name</i>		<i>Surname</i>	
<i>Position</i>			
<b>Postal address *</b>			
Shop/Unit No	Street No	Street	
<b>Suburb*</b>	<b>Postcode*</b>	<b>State*</b>	

## Business Details

<b>Trading Name*</b>			
<b>Street address *</b>			<i>Please tick if home-based business [ ]</i>
Shop/Unit No	Street No	Street	
<b>Suburb*</b>	<b>Postcode*</b>	<b>State*</b>	
<b>Phone*</b> (work)	(mobile)	(fax)	
<b>Email*</b>			
<b>Date business commenced*</b>			
<b>Procedures Conducted at Premises (Please Tick):</b>			
<input type="checkbox"/> Hairdressing <input type="checkbox"/> Nail Treatment <input type="checkbox"/> Colonic Irrigation/Lavage <input type="checkbox"/> Ear/Nose Piercing <input type="checkbox"/> Waxing <input type="checkbox"/> Tattooing <input type="checkbox"/> Cosmetic Tattoo/Micropigmentation <input type="checkbox"/> Body Piercing		<input type="checkbox"/> Acupuncture/Dry Needling <input type="checkbox"/> Electrolysis <input type="checkbox"/> Lancing <input type="checkbox"/> Threading <input type="checkbox"/> Laser Treatment <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Cutting/Scarring of the Skin <input type="checkbox"/> Other: _____	

## Declaration

Notification submitted by			
Name _____	Position _____	Date	/ /
Signature _____			

Updated December 2018

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