

SKIN PENETRATION & BEAUTY THERAPY PREMISES APPLICATION



CITY OF VINCENT

Health (Skin Penetration Procedure) Regulations 1998

BUSINESS / PROPRIETOR DETAILS	
Business trading name	
Business address	
Proprietor's name	
Phone	Email
ABN/ACN	
Postal address	
Premises type:	<input type="checkbox"/> Commercial premises <input type="checkbox"/> Mobile premises <input type="checkbox"/> Home occupation

SKIN PENETRATION / BEAUTY THERAPY PROCEDURES	
Please tick all that apply to your business	
<input type="checkbox"/> Tattooing / body modification <input type="checkbox"/> Acupuncture / dry needling <input type="checkbox"/> Cosmetic tattooing <input type="checkbox"/> Waxing / tweezing / threading <input type="checkbox"/> Lash treatments (extensions etc) <input type="checkbox"/> Other beauty therapy treatments: <i>(please list)</i>	<input type="checkbox"/> Ear / body piercing <input type="checkbox"/> Skin needling <input type="checkbox"/> Nail treatments (manicure/pedicure) <input type="checkbox"/> Shaving / using cut-throat razors <input type="checkbox"/> Electrolysis / laser hair removal
Do you provide complimentary refreshments? (E.g. tea, coffee, biscuits etc.) <i>If yes you will need to submit a Food Business Notification/Registration form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable

ATTACHMENTS	
Please attach the following:	
ASIC ACN/ABN business registration	<input type="checkbox"/>
Attach a labelled floor plan clearly showing the following: <ul style="list-style-type: none"> All treatment rooms, cleaning and disinfection rooms, kitchen, toilets, laundry (as applicable) Location of sinks – separate hand wash sink, cleaning and kitchen sink (including soap and paper towels) Floor, ceiling, wall, bench and shelf finishes 	<input type="checkbox"/>
A copy of the qualifications of each staff member	<input type="checkbox"/>
<ul style="list-style-type: none"> Non-critical procedures* – attach your cleaning and maintenance procedure Semi-critical procedures* – attach your disinfection procedure Critical procedures* – attach your cleaning and sterilisation procedure 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<small>* Please refer to the Health (Skin Penetration) Regulations 1998 and Code of Practice for Skin Penetration Procedures 1998 for information on these procedure types.</small>	

HOURS OF OPERATION

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

DECLARATION

I declare:

- that the information contained in this application is true and correct
- the appropriate approvals from the City's Planning and Building Services have been obtained
- I have read and understood the [Health \(Skin Penetration\) Regulations 1998](#) and [Code of Practice for Skin Penetration Procedures 1998](#)

Name of applicant/s		
Signature of applicant/s		Date

To submit your application please email this form to mail@vincent.wa.gov.au

FEES

These fees are applicable for the 2024/2025 financial year. You will be sent an invoice for the appropriate fees.

Notification & assessment fee	\$161.00
Annual assessment fee – High risk businesses	\$206.00