Skin penetration new premises registration and change of existing notification

CITY OF SYDNEY

About this form

This form is used for the regulation of Skin Penetration premises (piercing, tattooing, acupuncture). You may use this form to notify council of new premises or to make changes to existing notification which fall into this category.

How to complete this form

1: Ensure that all fields have been filled out correctly.
2: Fields marked on this form with an * are mandatory and must be completed prior to submitting this form.
3: Once completed you can submit this form by mail and in person together with payment of the prescribed registration fee of $105. Note: inspection fee will be charged separately in accordance to current Fees and Charges. Please refer to the Lodgement details section for further information.

Part 1: Premises Details

Trading Name

Shop Number

Building/Arcade

Fixed Trading Address*

Postal Address (all correspondence will be sent to this address)

Phone Number*

Part 2: Occupiers Details

Given Name/s*

Family Name*

Proprietor/Company Name

ABN / ACN of Occupier*

Director Name/s

Proprietor's Home Address (required under Clause 43 of the Public Health Regulation 2022)*

Note: Before this application can be lodged at least one of the modes of contact below must be supplied.

Business Number*

Mobile Number*

Home Number*

Email Address

Contact Person (if different from above)

Position/Role

Date on which changes will take effect / date of commencement of business (whichever is applicable)

Part 2: Premises Details Continued...

Please indicate for which purpose you are submitting this form by ticking one of the boxes below

New premises ☐ Change of proprietor ☐ Change of trading name ☐ Ceased to exist ☐ Ceased to trade ☐

Other ☐ If you ticked 'Other' Please provide details in this box

DA / CDC number:

☐ Micro-dermabrasion ☐ Dry Needling ☐ Acupuncture ☐ Piercing ☐ Waxing ☐ Colonic lavage / irrigation

☐ Cosmetic Tattooing ☐ Tattooing ☐ Manicure / Pedicure ☐ Hair removal ☐ Wet cupping

Other:

Type of skin penetration

Part 3: Privacy & Personal Information Protection Notice

Purpose of collection: This information is being collected for the purpose of registering or modifying premises, contacting the business as needed to provide or request information.

Intended recipients: City of Sydney employees. Any approved contractors required to provide this service.

Supply: The supply of this information is required by law. If you are unwilling to provide this information, the City of Sydney may be unable to provide access to City of Sydney services.

Access/Correction: Please contact Customer Service on 02 9265 9333 or at **council@cityofsydney.nsw.gov.au** to access or correct your personal information.

Storage: The City Planning, Development and Transport Unit at the City of Sydney, located at 456 Kent Street, Sydney NSW 2000, is collecting this information and the City of Sydney will store it securely.

Other uses: The City of Sydney will use your personal information for the purpose for which it was collected and may use it as is necessary for the exercise of other functions.

For further details on how the City of Sydney manages personal information, please refer to our Privacy Management Plan **cityofsydney.nsw.gov.au/policies/privacy-management-plan**.

Part 4: Lodgement Details

You can lodge the completed application by:

EMAIL: **council@cityofsydney.nsw.gov.au**

MAIL: City of Sydney, GPO Box 1591 Sydney NSW 2001

IN PERSON: Town Hall House - Level 2, 456 Kent Street, Sydney
See our website for details of all customer service centres and opening hours:
cityofsydney.nsw.gov.au/customer-service-centres

WHAT NOW: Once your application is received a Council Officer will contact you if further information is required.

For further information regarding your application please contact us by visiting **cityofsydney.nsw.gov.au/contact-us**

Part 5: Applicant Declaration

I declare that to the best of my knowledge, the information provided in this application is accurate and correct.

Proprietor Name*

Proprietor Signature*

Date*

Office Use Only

File Number

Entered by (please print name)

Date

Please Note: If this form is received at a Customer Service Centre, please forward it to the Health and Building Unit on THH Lvl 16