Skin Penetration - new premises registration / change of existing notification

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 $100. 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

Title
Given Name/s*
Family Name*

Proprietor/Company Name
ABN / ACN of Occupier*

Director Name/s

Proprietor's Home Address (required under Clause 32 of the Public Health Regulation 2012)*

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 3: Privacy & Personal Information Protection Notice

Purpose of Collection: To register or modify premises. To contact the business as needed, to provide or request information.

Intended recipients: Council staff and approved contractors of the City of Sydney Council.

Supply: Mandatory. New and Changes to Existing Registered Premises Application is required for the regulation of registered premises under the Public Health Act and Regulation.

Access/Correction: Contact the City of Sydney Council Customer Service Team to access or correct this information.

Storage: City of Sydney Council, 456 Kent Street Sydney NSW 2000.

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 DX: 1251

IN PERSON: Town Hall House - Level 2, 456 Kent Street, Sydney

See our website for details of all customer service centres and opening hours: http://www.cityofsydney.nsw.gov.au/customer-service

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:

TELEPHONE: (02) 9265 9333 or visit our

WEBSITE: www.cityofsydney.nsw.gov.au

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 One Stop Shop, please forward it to the Health and Building Unit on THH Lvl 16