



# APPLICATION FORM HOME BEAUTY THERAPY

## FORM 106

Date stamp

### Part 1 Applicant Details

Applicant Name

Address of Proposed Premises

Postal Address

Expected Commencement Date

Email

Phone

Mobile

Phone A/H

Fax

### Part 2 Description of Use of Premises

Wax

Pedicure

Electrolysis

Manicure

Lancing

Cosmetic Tattooing

Tweezing

Other, please provide details below (or detail in an attachment):

### Part 3 Plans

Provide plans that show the premises layout, including details about the location of fixtures, such as hand basins and sinks, and materials used for shelving and flooring to demonstrate compliance with the Code or Practice for Skin Penetration Procedures.

The total floor area of the dwelling needs to also be clear as well as information about parking for clients.

### Part 4 Declaration

I, the person making this application, declare that I hereby acknowledge that the information provided above is true and correct. I will comply with the *Health (Skin Penetration Procedure) Regulations 1998*, including the Code of Practice for Skin Penetration Procedures. I will not commence Beauty Therapy from home until I have received formal written approval from the Shire of Dardanup Environmental Health Services.

Signature of Applicant

Date

### Part 5 Return form to

Shire of Dardanup  
Health Department  
1 Council Drive/PO Box 7016  
EATON WA 6232

Phone: (08) 9724 0000 Fax: (08) 9724 0091  
Email: [records@dardanup.wa.gov.au](mailto:records@dardanup.wa.gov.au)