



APPLICATION FORM HOME HAIRDRESSING

FORM 105

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

Hairdressing

Other services that will also be offered:

Wax

Pedicure

Electrolysis

Manicure

Lancing

Cosmetic Tattooing

Tweezing

Other, please provide details below:

Part 3 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 'Hairdressing Establishment Regulations 1972' and the 'Health (Skin Penetration Procedure) Regulations 1998'. I will not commence Home Hairdressing until I have received formal written approval from the Shire of Dardanup Environmental Health Services.

Signature of Applicant

Date

Part 4 Return form to

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

Phone: (08) 9724 0355 Fax: (08) 9724 0091
Email: records@dardanup.wa.gov.au