



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 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 '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.

The Fee of \$125.00 is enclosed with this application.

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