

The registration of Hairdressing premises lodged in support of this application should be prepared in accordance with *Health (Miscellaneous Provisions)* Act 1911 and *Hairdressing Establishment Regulations 1972.* Assessment of applications failing to meet these requirements may be delayed or refused.

Proprietor's Details:										
Company Name:			Phone:							
Proprietor's Name:		Mobile:								
Email:			ABN:							
Mail Address:	Shop/Unit	Street address	ress							
	Suburb			Post code						
Registered Business Name:			Premises Phone:							
Contact Person:			Email:							

Business Details												
Type of Business												
	Home occupation i.e. private residence				Commercial			Mobile				
	Other											
Type of Activities												
	Haircuts and colouring		Shaving (for example: use of cut throat			Other	beauty	therapy				
			razors/disposable razors)			treatm	ents					

## Attachment Checklist:

In support of my Application:-

- □ A plan of the business showing the location of all fittings and fixtures;
- I understand that upon submission of this Application Form, I will be issued an invoice for payment of the Application
  Fee of \$190.00.

## Declaration:

□ I have read and familiarised myself with the requirements of the *Hairdressing Establishment Regulations 1972.* 

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

In the case of a company, the signing officer must state position in the company.

## Contact details:

City of Cockburn 9 Coleville Crescent Spearwood PO BOX 1215, Bibra Lake DC WA 6965 T: 08 9411 3444