



# REGISTRATION

## Hairdressing / Barber / Skin Penetration / Beauty Salon Premises

Postal Address: Locked Bag 155 Coffs Harbour NSW 2450  
Phone (02) 6648 4000; Fax (02) 66484 199; Email: [coffs.council@chcc.nsw.gov.au](mailto:coffs.council@chcc.nsw.gov.au)  
DX 7559; ABN 79 126 214 487  
Administration Building: 2 Castle St Coffs Harbour

Registered Trade Name: .....

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Address of Premises: .....

.....

Phone Number(s): .....

Proprietor's Name: .....

Postal Address: .....

.....

Procedures carried out (please tick)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hairdressing / Barber | <input type="checkbox"/> Acupuncture          | <input type="checkbox"/> Ear Piercing   |
| <input type="checkbox"/> Electrolysis          | <input type="checkbox"/> Body Piercing        | <input type="checkbox"/> Beauty Therapy |
| <input type="checkbox"/> Colonic Lavage        | <input type="checkbox"/> Cosmetic Enhancement | <input type="checkbox"/> Tattooing      |
| <input type="checkbox"/> Waxing                | <input type="checkbox"/> Blood Testing        | Other.....                              |

Signature ..... Date .....

### Office Use Only

Date Received: ..... Fee: REFER TO COUNCIL FEES AND CHARGES

Debtor's No.: ..... Receipt No.: .....

*This information is required under the Local Government Act 1993 to process your premise registration. Your information will comprise of part of a public register related to requirements of the Act. The information will be kept by Council and will be disposed of in accordance with the Local Government Disposal Authority. You are entitled to review your personal information at any time by contacting this Council.*

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