SKIN PENETRATION & BEAUTY THERAPY PREMISES APPLICATION

CITY OF VINCENT

Health (Skin Penetration Procedure) Regulations 1998

BUSINESS / PROPRIETOR DETAILS			
Business trading name			
Business address			
Proprietor's name			
Phone		Email	
ABN/ACN			
Postal address			
Premises type:	☐ Commercial premises	☐ Mobile premises	☐ Home occupation

SKIN PENETRATION / BEAUTY THERAPY PROCEDURES

Please tick all that apply to your business

- ☐ Tattooing / body modification
- ☐ Acupuncture / dry needling
- ☐ Cosmetic tattooing
- ☐ Waxing / tweezing / threading
- ☐ Lash treatments (extensions etc)
- ☐ Other beauty therapy treatments: *(please list)*
- ☐ Ear / body piercing
- ☐ Skin needling
- ☐ Nail treatments (manicure/pedicure)
- ☐ Shaving / using cut-throat razors
- ☐ Electrolysis / laser hair removal

Do you provide complimentary refreshments? (E.g. tea, coffee, biscuits etc.) *If yes you will need to submit a Food Business Notification/Registration form.*	☐ Yes ☐ Not applicable

ATTACHMENTS

Please attach the following:

ASIC ACN/ABN business registration	☐
Attach a **labelled floor plan** clearly showing the following: • All treatment rooms, cleaning and disinfection rooms, kitchen, toilets, laundry (as applicable) • Location of sinks – separate hand wash sink, cleaning and kitchen sink (including soap and paper towels) • Floor, ceiling, wall, bench and shelf finishes	☐
A copy of the qualifications of each staff member	☐
• Non-critical procedures* – attach your **cleaning and maintenance** procedure • Semi-critical procedures* – attach your **disinfection** procedure • Critical procedures* – attach your **cleaning and sterilisation** procedure ** Please refer to the Health (Skin Penetration) Regulations 1998 and Code of Practice for Skin Penetration Procedures 1998 for information on these procedure types.*	☐ ☐ ☐

HOURS OF OPERATION			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

DECLARATION		
I declare: • that the information contained in this application is true and correct • the appropriate approvals from the City's Planning and Building Services have been obtained • I have read and understood the Health (Skin Penetration) Regulations 1998 and Code of Practice for Skin Penetration Procedures 1998		
Name of applicant/s		
Signature of applicant/s		Date

To submit your application please email this form to mail@vincent.wa.gov.au

FEES	
These fees are applicable for the 2026/2027 financial year. You will be sent an invoice for the appropriate fees.	
Notification & assessment fee	$171.00
Annual assessment fee – High risk businesses	$218.00