



# Application for Beauty Therapy, Tattooing & Piercing Bylaw

**REGISTRATION**       **RENEWAL**

## APPLICANT DETAILS

Applicant name	<input type="text"/>		
Contact person	<input type="text"/>		
Contact phone	<input type="text"/>	Mobile	<input type="text"/>
Postal address	<input type="text"/>		
Email	<input type="text"/>		

## BUSINESS DETAILS

Premises address	<input type="text"/>		
Vehicle details (for mobile premises)	<input type="text"/>	<input type="text"/>	
	<b>Make and model of vehicle</b>	<b>Registration number</b>	
New/current trading name	<input type="text"/>		
Date you intend to open/take over business	<input type="text"/>	<input type="text"/>	<input type="text"/>

## LICENCE DETAILS

<b>Type of licence</b> New New operator of existing licensed premises Renewal	<b>Type of premises</b> Commercial Residential Mobile
<b>Type of operation</b> Permanent Temporary Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Principal business conducted</b> Beauty therapy Tattooing Skin piercing Other – please specify <input type="text"/>

**Tick ALL procedures carried out on premises**

Hairdressing  
Exfoliation  
Eyebrow & lash tinting  
Acupuncture  
Skin peel (glycolic)  
Eyebrow tattooing  
Ear piercing  
Botox  
Eyebrow shaping  
Face/body piercing  
Sun bed  
Eyelash perming  
Cultural tattooing including tatau/uhi/kaitaamoko  
Electrolysis (epilation/depilation/diathermy)  
Collagen replacement  
Manicure

Pedicure  
Laser procedure  
Spray tan  
Red vein treatment  
Sauna/spa/steam room  
Nail technology  
Waxing  
Temporary hair removal  
Massage  
Tattooing/pigment implantation  
Skin care treatment (facial/make-up)  
Extractions  
Other – please specify

**APPLICANT'S DECLARATION**

Information on this form is required to be provided under the acts, regulations and bylaws administered by Council and is required to process your applications. This information has to be made available to members of the public, including business organisations. In appropriate circumstances, it may also be made available to other units of the Council and other government agencies.

Under the Privacy Act 1993, you have the right to access the personal information held about you by the Council, and you can also request that the Council corrects any personal information it holds about you.

I understand that the Council will send all invoices for licence fees and all correspondence related to the application to the licence holder.

I confirm that I have read and understood the privacy statement above and that the information provided on this application form is true and correct.

Signature  Date

Name