



Application Form: Approval of a Health-Related Premises

Applicant Details	
Applicant Name:	Phone _____
Postal Address	_____
ABN	_____
Email	_____
Hours of operation	# of full-time staff _____
Name of Business	_____
Address of Premises	_____

Please Indicate the Intended Use of the Premises	
Hairdresser	Beauty Therapist/Electrolysis (incl. waxing)
Tattooist	Massage
Acupuncturist	Body Piercing
Nail Spa	Other (please specify)

Conditions
<ul style="list-style-type: none"> A detailed plan of the layout of the establishment including details of the location of fixtures such as handwash basins, materials used for flooring and walls and details of waste disposal is to be submitted. Compliance with the Health (Skin Penetration Procedure) Regulations 1998 and the Code of Practice for Skin Penetration Procedures and Hairdressing Establishment Regulations 1972 where relevant. It is recommended that applicants hold appropriate qualifications. Applicant to refer to the WA Department of Health website which refers to various documents relating to cleaning, disinfection and the draft Public health guideline for the hairdressing and barber industry. Personal appearance (health.wa.gov.au) An Environmental Health Officer will need to conduct final inspection of the establishment. Please contact the Shire of Capel to make an appointment at your convenience. Business is not to commence prior to final approval.

Applicant Name	Signature	Date

Office Use Only	Records
Date Received	
Accepting Officer	
Amount to be Paid	
Receipt #	
Premises Code #	