CITY OF GOSNELLS

APPENDIX 1

APPLICATION FOR APPROVAL TO ESTABLISH A SKIN PENETRATION PREMISES

APPLICANTS DETAILS

Name of Applicant/s (in full):	
Residential Address:	
Telephone: (Home):	**(Mobile):**
(Business):	**E-mail:**
Date of Birth:	

PREMISES DETAILS

Name of Business:	
Skin penetration activities (e.g. tattooing, piercing, waxing, nails):	
Street Address:	
Postal Address:	
Telephone: (Business):	**(Mobile):**
Website:	**E-mail:**
Registered Business Name:	
ACN:	**ABN:**
Are you a member of a Trade or Industry Association? No / Yes **Name:**	
Open - Days/Hours:	
Is the premises connected to sewer? Yes ○ No ○	**Floor plan of premises attached with application: Yes ○**

Privacy Collection Notice
Personal information is collected by the City of Gosnells to support the delivery of services to the community. Information is handled in accordance with the *PRIS Act 2024* and our Privacy Policy. Where necessary, information may be shared internally or with other agencies. See our Privacy Policy for more detail, City of Gosnells Privacy Information. To access or amend your personal information please contact the Privacy Officer by email info@gosnells.wa.gov.au or by telephone 08 9397 3000.

Please include with the application form:-
* A **floor plan** showing the layout of the premises, clearly identifying the Work Space area(s) & Preparation area and showing the location of equipment, hand basins, storage, bins etc.
* A copy of all relevant skin penetration industry **training and qualification certificates**

Fee: See City of Gosnells website under 'Fees And Charges' for current Skin Penetration application fee

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Declaration

I/We hereby apply for approval to establish a Skin Penetration Premises to operate within the boundaries of the City of Gosnells. I/We are aware of the conditions that apply to such an approval and the requirements imposed by the governing regulations. All details provided are true and correct.

____ / ____ / ____ _____

Date Name of Applicant Signature

Email to - info@gosnells.wa.gov.au