

# **APPLICATION FOR** APPROVAL TO OPERATE BEAUTICIAN, SKIN PENETRATION AND

HAIRDRESSER

Revision No. 15-03-2022

## OFFICE USE ONLY

Place Stamp Here

Receipt No:

Date:

Amount: CSO:

		P A	RT 1	- APP	LICATION	DETAILS
ABN DETAILS						
2) Identify and click on th	e correct & curre	earch function at <a href="http://www.abr.busines">http://www.abr.busines</a> nt ABN Current details' search results	ss.gov.au			
Entity Name						
ABN						
BUSINESS DETAILS						
<ol><li>You will be redirected :</li></ol>	to a ASIC webpa	e correct & current business name ge relating to your business Business Name Summary' information	displayed			
Business Name:						
Address for service of documents:						
	Suburb:	Suburb:			Postcode:	
Principal place of					·	
business:	Suburb:				Postcode:	
CONTACT DETAILS			_			
Surname:			First Name:			
Business Hrs Phone			Mobile Phone:			
Email address:						
PREMISES DETAILS	(for establi	ished premises)				
Please complete only if details are	different to the 'p	rinciple place of business' provided in the	ne 'Business	Details' above		
Property Name: (if applicable)				Lot on F	Plan	
Address:						
Suburb:				Postcod	le:	
PREMISES DETAILS	(for mobile	premises)				
Vehicle Registration:						
Inspection Address: must be within Cessnock LGA						
Suburb:				Postcode	:	

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ACTIVITY DETAILS	_		
Type of Premises Please tick more than one where applicable	Home based Commercial fit-out	Other	
Type of Business Please tick more than one where applicable	Hairdresser with waxin Hairdresser Beautician Beautician with cosme		Tattoo studio Piercing studio  Other
Days and Hours of Operation			
Water Supply	Reticulated	Private, e.g. bore, tank	
ATTACHMENTS			
Copy of your product and / or s		J your ABN	

## **CUSTOMER SIGNATURE**

I/we hereby make application for an approval to operate and declare the information provided to be true and correct. I/we understand that should any information not be completed or attached, or relevant fees not received with application, this application may be considered not properly made, and returned without assessment.

Name:	Signature:	Date:	
Name:	Signature:	Date:	

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## **HOW TO LODGE YOUR APPLICATION**

## Address the application to:

General Manager Cessnock City Council PO Box 152 CESSNOCK NSW 2325

## **Payment Method**

**By mail** - Cheque, Money Order or Credit Card (*complete the section below*)

Lodge in person (between 9am – 4.30pm) at Council's Administration Building

Cessnock City Council 62-78 Vincent Street CESSNOCK NSW

You will need to spend some time with a Customer Service Officer when lodging your application. Typically you will require 30 minutes, however this may vary depending on the complexity of your application

## **Payment Method**

**In person** - Cash, Cheque, Money Order, Bankcard, Mastercard, Visa, and/or EFTPOS.

#### **How to Contact Us**

Phone: 02 4993 4100 Fax: 02 4993 2500

Email: council@cessnock.nsw.gov.au W: www.cessnock.nsw.gov.au

#### Office Hours

9am to 5pm Monday to Friday \*Payments are accepted until 4.30pm

**Duty Officers** are available weekdays: Planning - 9am to 5pm Building - 9 to 10am & 1 to 5pm

#### Fees

Fees are calculated in accordance with Council's adopted fees and charges.

If you require further information regarding this request, please contact Council's Customer Service Centre on 02 4993 4300.

Cessnock City Council takes the privacy and security of personal information very seriously. To eliminate the risk associated with Credit Cards, Council does not collect or store Credit Card information.

Credit Card payments are processed by Council's Call Centre using a call in, or call back facility. Customers are able to select their preferred option.

If you wish to make payment via Credit Card, please nominate your preferred telephone contact number for our Customer Service Team to contact you on.

## **Payment Contact Name:**

## **Payment Contact Phone Number:**

## PRIVACY NOTIFICATION

Council is subject to the *Privacy and Personal Information Protection Act 1998* (NSW) in dealing with your personal information. Council's <u>Privacy Management Plan</u> and <u>Privacy Statement</u> describe how the agency meets these obligations. Personal information is being collected for the purpose of processing your application in accordance with the *Public Health Act 2010, Public Health Regulation 2012* and *Local Government Act 1993* (NSW). This includes notification and advertising purposes, and consultation with other NSW government agencies in relation to your application. By providing your personal information you agree for Council to share it from time to time with a third party to conduct customer research or satisfaction surveys relating to your application in order to improve Council processes. You also agree that Council may use your personal information from time to time to contact you and notify you of legislative and other amendments that may have an impact on you. Delegated Council officers and agents acting on behalf of Council will be the recipients of your personal information. The provision of personal information is voluntary, however if you do not provide it we may not be able to process your application. Your personal information will be kept securely in Council's Information Management System in accordance with the relevant legislation. Council's address is 62-78 Vincent Street Cessnock NSW 2325. You may access, correct or <u>update your personal</u> information by visiting Council's website, contacting Council's Privacy Contact Officer on <u>02 4943 4100 or by sending</u> an email to council@cessnock.nsw.gov.au.

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