# Skin Penetration Premises Registration Bayside Council Serving Our Community Public Health Act 2010 and Local Council Public Health Act 2010 and Local Council

OFFICE USE ONLY							
Reference No.							
to be registered a	for the Businesses		ou may use this form to	(beauty, or skin peneto o notify council of new			
Proposal (cho	-	•	0 ,				
□ New Business □ New Proprietor □ Change of Trading Name □ Other							
Applicant det	ails						
Title: First Name:	□ Mr	□ Mrs	□ Ms Family Name:	☐ Other			
Trading Name (if	applicable):		Fairilly Name.				
Company Name							
ABN/ACN (if app	licable):						
Mailing Address:							
Suburb:			State:	Post Code:			
Email Address:							
Daytime Telepho	ne No. (Home/Wor	·k):	Mobile No:				
Property Deta	ails						
Lot No(s):		Section:	DP/SP Nu	mber:			
Unit No:		Street No:	Street Na	ame:			
Suburb:				Post Code:			
Business trace Business/Trading	ding name prer Name:	nises details					
ABN/ACN:							
Company Contac	et Name:						
Mailing Address:							
Suburb:			State:	Post Code:			
CM reference: 24/1617	737   Last updated:06/06/20	024			1/		

Postal address

**Bayside Customer Service Centres** 

Rockdale Library, 444-446 Princes Highway, Rockdale

Eastgardens Library, Westfield Eastgardens, 152 Bunnerong Road, Eastgardens

W www.bayside.nsw.gov.au T 1300 581 299

PO Box 21, Rockdale NSW 2216

Email Address:								
Daytime Telephone No. (Home/Work):								
Type of Business								
☐ Skin Penetration		☐ Beauty Salon						
☐ Other (please specify)								
Development Consent or Complying Development Certificate Details								
☐ Development Application								
☐ Development Consent:								
						Application	n Code	
Fees								
Registration Fee for new Re	gulated prem	nises or Change of own	ership details	\$69.0	0	RC 15050		
Supporting Document	ation							
	Applicant Us			ant Use	Office Use			
-				Yes	No	Exempt	Yes	No
Development or Consent	Documentati	on						
·								
Destaurten								
Declaration								
I declare that the informati	on given is tr	rue and correct.						
<ul> <li>I understand that if incomprequested within 21 days of</li> </ul>			d to me, delay	ed, reje	ected or	more inforn	nation m	ay be
Applicant's Signature					Date	/	/	

# How to lodge this application

You can lodge your completed application form and any required supporting documents:

### In person

At any of Council's Customer Service Centres:

- Rockdale Customer Service Centre: 444-446 Princes Highway, Rockdale NSW 2216
- Eastgardens Customer Service Centre: Westfield Eastgardens, 152 Bunnerong Road, Eastgardens NSW 2036

## By mail

Post to Bayside Council: PO Box 21, Rockdale NSW 2216 with payment via cheque or money order (do not send cash)

### By email

By email to council@bayside.nsw.gov.au.

Do not include credit or debit card details on your application. If lodged via email, a Council Customer Service Officer will phone to organise a secure over the phone payment using a credit card.

Payment is preferred by cheque, money order, debit or credit cards (Visa and Mastercard). Payments made using a credit card will incur a service fee of 0.5%

# **Privacy notification**

Completion of this document is voluntary - partially completed applications may result in refusal of the application. The personal information provided on this form (including your name and other details) will be handled in accordance with the Privacy and Personal Information Act 1998 and may be available to the public under various legislation

OFFICE USE ONLY						
Receipt No	Date	\$				

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