Application for Beauty & Body Art Premises (skin penetration)

Shire of Donnybrook Balingup 2025-2026

APPLICANT DETAILS		
Full Name:		
Business Name:		
ABN:		
Business Address:		
	Townsite:	Postcode:
Postal Address:		
	Townsite:	Postcode:
Email:		Phone:

INTENDED USE OF PREMISES

☐ Beauty Therapist ☐ Tattooist ☐ Body Piercing ☐ Nail Spa

☐ Other (please specify):

CHECKLIST OF REQUIRED INFORMATION TO BE INCLUDED WITH THIS APPLICATION:

☐ Plan layout of premises

☐ List of equipment (fridge, storage cabinet, etc.)

☐ List of facilities (handwashing facilities, sink, etc.)

SUBMISSION & DECLARATION

When lodging this form, please ensure that all required information and attachments have been provided. Failing to do so may result in delays to your application.

Please be aware that by submitting this application, you will be required to pay an **Application Fee.** You will be contacted by the Shire for payment.

I, the applicant named in this form, declare that the information contained in this application is true and correct in every particular.

Signature: _____ Date: _____