



Hairdresser / Beauty Premises Licence Form

Please complete the following details and return to Council by post, fax or E-mail.

City of Salisbury
 Public and Environmental Health Services
 P O Box 8
 Salisbury SA 5108

Phone: 8406 8222
 Fax: 8281 5466
 E-mail: healthandfood@salisbury.sa.gov.au

Premises Details	
Trading name:	
Shop No:	Street No:
Street:	
Suburb:	Post Code:
Type of premises:	
Business Phone:	Mobile:
Business Fax:	E-mail address:
Managers Details	
Managers Name	
Phone:	Mobile:
Fax:	E-mail address:
Postal Address (if different to Premise Details)	
Owners Name:	
Owners Address:	
Phone:	Mobile:
Fax:	E-mail address:
Premise Type: Retail <input type="checkbox"/> Residential/Home-based <input type="checkbox"/>	
Please select the activities undertaken by your premise:	
Hairdressing <input type="checkbox"/>	Permanent make up <input type="checkbox"/> Lancing/extractions <input type="checkbox"/>
Tattooing <input type="checkbox"/>	Waxing <input type="checkbox"/> Tanning <input type="checkbox"/>
Piercing <input type="checkbox"/>	Shaving <input type="checkbox"/> Eyelash Extensions <input type="checkbox"/>
Nails <input type="checkbox"/>	Electrolysis <input type="checkbox"/> Other <input type="checkbox"/>
Please provide a brief description of the business and its activities:	
Do you have a copy of the Guidelines on the Public Health Standards of Practice for Hairdressing? Y / N	
Do you have a copy of the Guidelines on the Safe and Hygienic Practice of Skin Penetration? Y / N	