



Personal Appearance Business Registration

Willoughby City Council is launching MyWilloughby

Willoughby City Council is launching MyWilloughby, a new platform designed to make interacting with Council easier and enhance your experience with Council.

To make this happen, there may be some delay in services until the close of business 4 November 2024. We appreciate your patience during this upgrade.

Find out more about MyWilloughby

Notes:

1. In relation to skin penetration procedures, the information required on this form is prescribed in S.38(2) of the Public Health Act 2010 & cl.42 & 43 of the Public Health Regulation 2022.
2. Council must be notified of any change in the particulars of a skin penetration business within 7 days. It is an offence to fail to notify Council of skin penetration procedures being conducted on a premises, or to notify of any changes in the particulars of a business where skin penetration is carried out.
3. Access to this information is restricted to Council officers & other people authorised under cl.43 of the Public Health Regulation 2022.
4. Disclaimer: The submission of this registration by Council does not provide approval for any unauthorised use. Prior Development Consent is required for premises that are a beauty salon, hair dressing salon or premises where a skin penetration procedure within the meaning of section 5 of the Public Health Act 2010 is carried out.



Are you updating an existing registration?*

☐

Yes

☐

No, this is a new registration

Business Details

Trading Name*

Type of Business*

Business Address*

Business Phone Number*

Email*

Postal Address*

Activities Undertaken: (tick all activities undertaken)

Skin Penetration*

☐

Ear piercing

☐

Nail Drilling (Artificial nails)

☐

Cosmetic injections (AHPRA Registered practitioner)

☐

Body piercing

☐

Acupuncture (AHPRA Registered practitioner)

☐

Tattooing

☐

Waxing

☐

Cosmetic tattooing

☐

Microdermabrasion

☐

Microneedling

☐

Colonic lavage

☐

Cuticle cutting

☐

Dermal Implants

☐

Other (e.g. lancet etc.) *

☐

N/A

Beauty/Hair*

☐

Laser Hair Removal

☐

Manicure/Pedicure

☐

Hair removal

☐

Barber/Hairdressing

☐

None

☐

Body treatments

☐

Chemical peels

☐

Electrolysis

☐

Eyebrow/Eyelash tinting

☐

Eyelash extensions

☐

Facials

☐

Footspa

☐

Light/Jet/Radio Frequency/Ultrasound therapy

☐

Makeup

☐

Solarium/Spray tan

☐

Threading

☐

Other (e.g. shaving etc.) *

☐

N/A



*** If "Other" please specify**

If activities undertaken by a registered Australian Health Practitioner (AHPRA) provide details.

Medical Practitioner Name

AHPRA Number

Contact Phone/email

Business Owner Details

Please note: Council does not accept a Trust/Trustee name. Trust names are only accepted as per the following either

- "John Smith ATF Family Trust" or
- "Smith Pty Ltd ATF Family Trust".

An individual for the Trust must be an appropriate person to act for the Trust.

Name (corporation/ individual)*

Director Name (if corporation)*

ABN*

Residential Address*

After Hours Phone Number*

Email*

Privacy



The personal information you provide on this form is necessary to enable Council staff to process the form and contact you in relation to the outcome. The personal information will only be viewed by Council staff who have responsibility for processing this form, however may be viewed by others as required by Law. View Willoughby City Council's Privacy Statement for further information.