

AUBURN CITY COUNCIL

APPLICATION TO OPERATE A TEMPORARY PUBLIC HEALTH OUTLET

1. EVENT DETAILS

Name of Event:	
Date of Event:	
Location of Event:	

2. OUTLET DETAILS

Stall Holder Details		PROPOSED SERVICES (Tick boxes that apply)	Yes
Name of Outlet:		Hairdressing	<input type="checkbox"/>
		Barbering	<input type="checkbox"/>
Number of outlets:		Waxing	<input type="checkbox"/>
Outlet Holders ABN:		Facials	<input type="checkbox"/>
		Acupuncture	<input type="checkbox"/>
Proprietor / Company Name:		Electrolysis	<input type="checkbox"/>
		Ear Piercing (gun)	<input type="checkbox"/>
Trading Name of Business:		Nose Piercing (gun)	<input type="checkbox"/>
		Colonic Lavage	<input type="checkbox"/>
Address of Business:		Beauty treatment	<input type="checkbox"/>
		Nails	<input type="checkbox"/>
		Pedicure	<input type="checkbox"/>
Contact Name:		Massage	<input type="checkbox"/>
		Tattooing	<input type="checkbox"/>
Mailing Address:		Branding	<input type="checkbox"/>
		Scarification	<input type="checkbox"/>
Phone Business Hours:	Phone after Hours:	Body Piercing	<input type="checkbox"/>
		Other, please specify below	<input type="checkbox"/>
Facsimile:	E-mail:		<input type="checkbox"/>
			<input type="checkbox"/>

3. EQUIPMENT LIST

please turn over...

Equipment / Surfaces	List of Equipment being used
Sharps Bin	
Autoclave	
Floor surface	
Bench surfaces:	
Hand washing:	
Overhead protection:	
Disinfection :	
Waste facilities:	
Other, please specify:	

4. ORGANISER ADDRESS & CONTACT DETAILS

Organiser company / Body Name:	
Contact Name:	
Office Address:	
Phone number:	
Fax number:	
E-mail:	

5. REQUIREMENTS

Requirements	NOTE: All outlets must comply with the NSW Public Health Act (1991), Public Health (Skin Penetration) Regulation 2000, the Skin Penetration Code of Best Practice and Guidelines for Skin Penetration	Yes	No
Notification	Has your Local Government or Regulatory Authority been notified of your normal place of business? *Please provide a copy of most recent inspection report sheet by Local Government Authority or Public Health Unit (or relevant regulatory body)	<input type="checkbox"/>	<input type="checkbox"/>
Shop Name and Address of Normal Place of Business (skin penetration outlet):		N/A	N/A
Staff Training	Have all staff received employed at subject temporary event received appropriate training/ qualifications? (provide details of training)	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene	Do you have own autoclave with logs, own skin cleansing supplies, disinfectant and equipment?	<input type="checkbox"/>	<input type="checkbox"/>

6. DECLARATION

I declare that all information supplied on this form is true and correct and there are necessary records and / or documentation to support this application form.

Print name here:

Signature: Date:

7. FEE DETAILS

Application Fee for a temporary event outlet is \$99.00 (GST Inclusive) per outlet/per day (outlet = stall/booth) for 2009-2010 financial year. Fees are subject to yearly review by Council and published annually in Council's schedule of fees and charges.	
Number of outlet/s:	
Total payable = (\$99.00 per outlet/per day) GST Incl	\$

OFFICE USE ONLY	CASHIER CODE No. RC408
DATE:	

