

South Wairarapa District Council
19 Kitchener St
PO Box 6
Martinborough 5771
Telephone: 06 306 9611
Fax: 06 306 9373
Email: enquiries@swdc.govt.nz

The Masterton and South Wairarapa District Councils'
Consolidated Bylaws 2012: Part 15 - Beauty Therapists, Solarium
Operators, Nail Technicians, Tattooists and Skin Piercers

Health Act 1956, Local Government Act 2002

FORM
**Application for Beauty Therapists, Solarium
Operators, Nail Technicians, Tattooists and
Skin Piercers Certificate of Registration**

Fill this form out with assistance from the Beauty Therapists, Solarium Operators, Nail technicians, Tattooists and and Skin Piercers Registration Guide.

1. Applicant details

1a. Applicant name:
Full name of applicant(s) or company

1b. Postal address:

1c. Contact numbers: Phone () Mobile ()

1d. Email:

1e. Manager's Name:

2. Business details

2a. Premises address:

2b. Premises contact number: Phone () Mobile ()

2c. Vehicle details:
(if mobile premises)
Make and model of vehicle Registration number

2d. Trading name:

2e. Proposed Opening Date or
Take over the business: / /
Day Month Year

3. Registration details

3a. Type of licence: New New operator of existing registered premises

3b. Type of Premises: Commercial Residential Mobile

3c. Type of operation: Permanent
 Temporary Start date: / / End Date: / /

3d. Principal business conducted: Beauty therapy Tattooing Solarium Operator
 Skin piercer Nail Technician
 Other

3. Registration details (continued)

3e. Tick **all** procedures carried out on premises (or attach a full service menu for your premises):

- | | | |
|--|---|---|
| <input type="radio"/> Hairdressing | <input type="radio"/> Exfoliation | <input type="radio"/> Eyebrow & eyelash tinting |
| <input type="radio"/> Acupuncture | <input type="radio"/> Skin peel (glycolic) | <input type="radio"/> Eyebrow tattooing |
| <input type="radio"/> Ear piercing | <input type="radio"/> Botox/fillers | <input type="radio"/> Eyebrow shaping |
| <input type="radio"/> Face/body piercing | <input type="radio"/> Collagen replacement | <input type="radio"/> Eyelash perming |
| <input type="radio"/> Sun bed/solaria | <input type="radio"/> Laser procedure | <input type="radio"/> Eyelash extensions |
| <input type="radio"/> Sauna/spa pool/steam room/wet bed | <input type="radio"/> Red vein treatment (non-laser) | <input type="radio"/> Manicure |
| <input type="radio"/> Temporary hair removal | <input type="radio"/> Spray tan | <input type="radio"/> Pedicure |
| <input type="radio"/> Tattooing/pigment implantation | <input type="radio"/> Waxing | <input type="radio"/> Nail augmentation |
| <input type="radio"/> Cultural tattooing including
Kaitaamoko/tatau/uhi | <input type="radio"/> Skin care treatment
(facial/make-up) | <input type="radio"/> Massage |
| <input type="radio"/> Electrolysis (Epilation/depilation/diathermy) | | |
| <input type="radio"/> Other | <input type="text"/> | |

4. Applicant's declaration

I understand that the council will send all invoices for registration fees and all correspondence related to the application to the certificate holder.

I confirm that I have read and understood that the information provided on this application form is true and correct.

Signature Date / /

OFFICE USE ONLY

		NCS No.	<input type="text"/>		
<input type="checkbox"/> Approved	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Declined	<input type="checkbox"/> Hold		
Conditions to be imposed: <input type="checkbox"/> Yes (list on separate sheet)		<input type="checkbox"/> No			
Inspection Months:					
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun
<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Category classification:		<input type="radio"/> Beauty Therapy	<input type="radio"/> Tattooing	<input type="radio"/> Skin Piercer	<input type="radio"/> Solarium Operator
		<input type="radio"/> Nail Technician	<input type="radio"/> Other <input type="text"/>		
Registration fee:		<input type="radio"/> No charge	<input type="radio"/> Sole business	<input type="radio"/> Secondary business	
EHO	<input type="text"/>	Planning Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Building Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Premises inspection date: <input type="text"/> / <input type="text"/> / <input type="text"/>		Inspected by: <input type="text"/>			