

APPLICATION FORM FOR REGISTRATION FOR BEAUTY THERAPIST & TATTOOIST



**SOUTH WAIRARAPA
DISTRICT COUNCIL**
Kia Reretahi Tātau

Pursuant to the **Wairarapa Consolidated Bylaw 2019 Part 12-Beauty Therapy, Tattooing, and Skin Piercing**

Post, deliver, or email your application to South Wairarapa District Council:

Post: Environmental Health Services, PO Box 6, Martinborough 5741

Deliver: South Wairarapa District Council, 19 Kitchener Street, Martinborough 5711

Email: health@swdc.govt.nz (For enquiries, please phone 06 306 9611)

Fee: \$156.00

PLEASE PRINT CLEARLY

AUTHORISED PERSON TO CONTACT CONCERNING THIS APPLICATION:

The Contact Person details entered below will be used for communications about your Registration, such as sending Approval Documents and Renewal Reminders. Contact Council if the details change.

| | | | |
|-------------------------------|----------------------|---------------|----------------------|
| Applicant Name: | <input type="text"/> | | |
| Business Trading Name: | <input type="text"/> | | |
| Telephone | <input type="text"/> | Mobile | <input type="text"/> |
| Email | <input type="text"/> | | |

By entering an email address, you consent to being sent information and notifications electronically, if required.

| | |
|--------------------------|----------------------|
| Premises Address: | <input type="text"/> |
|--------------------------|----------------------|

| | |
|--|----------------------|
| Postal Address: <i>(If different from above)</i> | <input type="text"/> |
|--|----------------------|

1. PRINCIPAL BUSINESS CONDUCTED (PLEASE TICK)

| | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Beauty Therapy | <input type="checkbox"/> Skin Piercer | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Nail Technician | <input type="checkbox"/> Solarium Operator | |
| <input type="checkbox"/> Other <i>(Please Specify)</i> : | <input type="text"/> | |

2. IS THIS A NEW, OR EXISTING BUSINESS, OR A RENEWAL? (PLEASE TICK)

| | | |
|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> New Business | <input type="checkbox"/> New Operator of Existing Business | <input type="checkbox"/> Renewal |
|---------------------------------------|--|----------------------------------|

3. TYPE OF PREMISES (PLEASE TICK)

| | | |
|-------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Mobile | <input type="checkbox"/> Residential |
|-------------------------------------|---------------------------------|--------------------------------------|

4. WHAT TYPE OF PROCEDURES ARE CARRIED OUT IN THE PREMISES (PLEASE TICK ALL THAT APPLIES)

| | | |
|--|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Exfoliation | <input type="checkbox"/> Skin Piercing |
| <input type="checkbox"/> Botox/Fillers | <input type="checkbox"/> Laser Procedures | <input type="checkbox"/> Spray Tanning |
| <input type="checkbox"/> Collagen Replacement | <input type="checkbox"/> Manicure | <input type="checkbox"/> Sun bed/Solaria |
| <input type="checkbox"/> Ear Piercing | <input type="checkbox"/> Pedicure | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Nail Augmentation | <input type="checkbox"/> Cultural Tattooing |
| <input type="checkbox"/> Eyebrow & Eyelash Tinting | <input type="checkbox"/> Red Vein Treatment | <input type="checkbox"/> Waxing |
| <input type="checkbox"/> Eyelash Perming | <input type="checkbox"/> Sauna/Spa Pool/Steam Room | <input type="checkbox"/> Hairdressing |
| <input type="checkbox"/> Eyebrow Shaping | <input type="checkbox"/> Skin Care Treatment | <i>(Please fill out a separate Application Form for a Hairdresser Registration)</i> |
| <input type="checkbox"/> Eyebrow Tattooing | <input type="checkbox"/> Skin Peel (Glycolic) | |
| <input type="checkbox"/> Other <i>(Please Specify)</i> : | <input type="text"/> | |

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5. FOR MOBILE OPERATORS ONLY (PLEASE TICK AND PRINT CLEARLY)

Are you operating Itinerant/Home Visits Via a pop-up vehicle set-up

Where do you mostly operate?

Vehicle registration
(if applicable)

Make and Model

6. APPLICANT STATEMENT: AGREEMENT AND DECLARATION (PLEASE TICK AND PRINT CLEARLY)

- I am duly authorised to make this application.
 The information supplied in this application is truthful and accurate to the best of my knowledge and belief.

Applicant's Signature

Date

WHO TO CONTACT FOR FURTHER INFORMATION

Terri Hannah
Environmental Services Administrator
06 306 9611 ext 849
health@swdc.govt.nz

PRIVACY STATEMENT

We collect, use, and disclose personal information you provided:

- For the purpose(s) processing your application; and
- To communicate with you for Council purposes; and
- To enable us to maintain our records and to carry out statutory functions.

FOR OFFICE USE ONLY:

Approved / Declined

Condition:

Inspector's Name & Signature

Date: