

APPLICATION FORM FOR REGISTRATION FOR BEAUTY THERAPIST & TATTOOIST



**SOUTH WAIRARAPA
DISTRICT COUNCIL**
Kia Reretahi Tātau

Pursuant to the **Ngā Ture ā-Rohe Tōpu o Wairarapa - Wairarapa Consolidated Bylaw**

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: \$161.00

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:

Business Trading Name:

Telephone

Mobile

Email

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

Premises Address:

Postal Address:

(If different from above)

1. PRINCIPAL BUSINESS CONDUCTED (PLEASE TICK)

☐ Beauty Therapy

☐ Skin Piercer

☐ Tattooing

☐ Nail Technician

☐ Solarium Operator

☐ Other *(Please Specify)*:

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

☐ New Business

☐ New Operator of Existing Business

☐ Renewal

3. TYPE OF PREMISES (PLEASE TICK)

☐ Commercial

☐ Mobile

☐ Residential

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

☐ Acupuncture

☐ Exfoliation

☐ Skin Piercing

☐ Botox/Fillers

☐ Laser Procedures

☐ Spray Tanning

☐ Collagen Replacement

☐ Manicure

☐ Sun bed/Solaria

☐ Ear Piercing

☐ Pedicure

☐ Tattooing

☐ Electrolysis

☐ Nail Augmentation

☐ Cultural Tattooing

☐ Eyebrow & Eyelash Tinting

☐ Red Vein Treatment

☐ Waxing

☐ Eyelash Perming

☐ Sauna/Spa Pool/Steam Room

☐ Hairdressing

☐ Eyebrow Shaping

☐ Skin Care Treatment

*(Please fill out a separate
Application Form for a
Hairdresser Registration)*

☐ Eyebrow Tattooing

☐ Skin Peel (Glycolic)

☐ Other *(Please Specify)*:

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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

Group Administrator
Environmental Services
06 306 9611 ext 957
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: