

NOTIFICATION OF BUSINESS

HAIRDRESSER'S SHOPS, BEAUTY SALONS AND SKIN PENETRATION PREMISES

About this form

Use this form to notify City of Ryde of your food business.
Please print legibly in ink using BLOCK LETTERS.

Tick one box: New notification Change of details

Council Contact Details

Customer Service 1 Pope Street, Ryde NSW
Post Locked Bag 2069, North Ryde NSW 1670
Email cityofryde@ryde.nsw.gov.au
Phone (02) 9952 8222

PART 1 : BUSINESS DETAILS

Trading Name	
Proprietor/ Company Name	
ABN/ACN	Attach a copy of business registration with the application
Premises Address	
Suburb	Postcode
Residential Address	
Suburb	Postcode

PART 2 : CONTACT PERSON

Title	Mr	Mrs	Ms	Miss	Other	
Given Name						Family Name
Preferred contact	Mobile	Phone	Email			
Business Phone	After Hours/Mobile Phone					
Email						

NOTE: Council now completes inspections electronically, for reports to be supplied you are required to provide a current email address.

PART 3 : PROCEDURES CARRIED OUT

Hairdressing	Beauty Treatment	Tattooing / Cosmetic Tattooing	Hair Removal (Waxing / Electrolysis)
Ear Piercing	Body Piercing	Other	

Personal information collected from you is held and used by Council under the provisions of the *Privacy and Personal Information Protection Act 1998*. The supply of information is voluntary, however if you cannot provide, or do not wish to provide the information sought, Council may be unable to process your request. Please note that the exchange of information between the public and Council, may be accessed by others and could be made publicly available under the *Government Information Public Access Act 2009 (GIPA Act)*. If you require further information please contact Council's Customer Service Centre on 9952 8222.

OFFICE USE ONLY	Receipt number	Amount paid \$	Date received
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PART 4 : DECLARATION

Fees and Charges: All fees and charges are reviewed annually under Council's Management Plan and can be viewed at www.ryde.nsw.gov.au/feesandcharges.

I declare that the information supplied on this form is true and correct.

Name

Signature

Date