



**Please indicate purpose of this form**

<input type="checkbox"/> New Premises Date Opened:	<input type="checkbox"/> Change of Details	<input type="checkbox"/> Change of Proprietor Date ownership changed:
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**1. Premise Business Details**

Business Trading Name					
Shop No.		Street No.		Street Name:	
Postal Address					<input type="checkbox"/> As above
Phone			Email		
ABN/ACN:			Operation Hours:		

**2. Proprietor Details**

Applicant Name				
Postal Address				
Phone			Email	

**3. Procedures Conducted at the Premises (Please tick)**

<input type="checkbox"/> Hairdressing/Barber	<input type="checkbox"/> Ear/nose piercing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Tattooing
<input type="checkbox"/> Manicure/Pedicure	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Facials
<input type="checkbox"/> Colonic Lavage	<input type="checkbox"/> Waxing/Tinting	<input type="checkbox"/> Cutting/scarring of the skin	<input type="checkbox"/> Other
<input type="checkbox"/> Spray Tanning	<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Laser Treatment	

**4. New Premises/Change of use**

Development Consent/Complying Development Certificate obtained	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Construction Certificate for the premises fir-out obtained:	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**5. Applicant Declaration**

I have read, understood and fully comply with the relevant food safety requirements.  
I declare that the information provided on this form is accurate, complete and correct.

Applicant Name	Applicant Signature	Date

**6. Lodgement Details**

You can lodge your notification by;

EMAIL: [council@edwardriver.nsw.gov.au](mailto:council@edwardriver.nsw.gov.au)

IN PERSON: Council Office - 180 Cressy Street, DENILIQUIN

MAIL: PO BOX 270, DENILIQUIN NSW 2710