

REGISTRATION OF A HAIRDRESSERS

The Health (Registration of Premises) Regulations 1966
The Health (Hairdressers) Regulations 1980



HD

APPLICATION DETAILS

1	Trading Name of Premise:	
	Premise Situated at:	
2	Company / Trust / Entity / Name of Licensee:	
	Postal Address for Licensee Name Listed Above:	
3	Contact Person / Name of Applicant:	
	Postal Address for service of Documents:	
	Mobile Phone Number:	Work:
	Email Address:	
	Details of Contact Person if different from 'Name of Applicant':	

PURPOSE FOR WHICH REGISTRATION IS FOR

Please tick in the box(es) provided which category(ies) your proposal relates to

<input type="checkbox"/>	Hairdresser	Number of cutting stations:	
<input type="checkbox"/>	Mobile Hairdresser	Vehicle registration:	

PROPOSED COMMENCEMENT DATE

PRESCRIBED FEE

\$390.00

This fee is a deposit only and covers the time spent reviewing, commenting and verbally discussing both the plans and proposals associated with the application to register as well as one site assessment. Any additional site assessments will be charged to the applicant at the Officer's hourly rate plus disbursements.

PLEASE COMPLETE AND RETURN WITH

- The prescribed fee
- A detailed scale layout plan (x2)

SIGNATURE OF APPLICANT

Signature of Applicant:

Date: