



If you need help lodging your form, contact us		Office use only	
Email	council@northernbeaches.nsw.gov.au	Form ID	4117
Phone	1300 434 434	TRIM Ref	2019/069231
Customer Service Centres	Manly Townhall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Last Updated August 2019
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107	Business Unit Environmental Compliance
		Application No.	
		Receipt No.	

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

About this Form

A Public Health Advisory Inspection can be requested by completing the relevant sections of this form and paying the Public Health Advisory Inspection fee. This form can be completed to request an inspection, prior to sale or purchase of a business, prior to occupation or for the purpose of a fit-out consultation. Please note, where this inspection is requested as part of a development consent prior to the issue of an Occupation Certificate, you are required to ensure the fit out of the premise is complete. Failure to ensure construction and installations are finished may result in an incomplete inspection.

How to complete this form

1. Complete Part 1 and Part 8 only
2. Both parts must be completed prior to submitting the form to Council
3. This form must be submitted along with the associated fee
4. Please submit the completed form to Council by fax, mail or in person. Please refer to the lodgement details section for further information

Fee: \$278

Part 1: Applicant Details

Prior to sale/purchase inspection	Prior to Occupation	Fit out Consultation
Other:		
DA Number (if applicable)		Skin Penetration Trading Name
Property Address		Street Name
Suburb		Postcode

Part 2: Premise (Council only)

Does the food premises design construction and fit-out comply with approved plans?	Yes	No	N/A
Comments			

Part 3: Facilities

Premise is provided with drainage facilities adequate for the carrying out of beauty treatment/hairdressing	
Premise is provided with ventilation facilities adequate for the carrying out of beauty treatment/hairdressing	
Premise is provided with lighting facilities adequate for the carrying out of beauty treatment/hairdressing	
Adequate facilities provided to store appliances and utensils in a hygienic manner	
Premise is good repair	
Comments	

Part 4: Washing Facilities

Wash basins fitted with common spouts for the supply of hot and cold running water	
Premise is provided with washing facilities adequate for the carrying out of beauty treatment/hairdressing	
A hand wash basin is supplied with clean, warm, potable water	
A separate sink with clean, warm water used for cleaning equipment	
Hand wash basin supplied with liquid soap or an alcohol-based hand cleaner and single use towels or an automatic hand dryer	
Comments	

Part 5: Washing Facilities

Shelving, fittings and furniture are constructed of, or covered with, material that is durable, smooth, impervious to moisture and easily cleanable	
Shelving, fittings and furniture are suitable for the provision of beauty treatment/hairdressing	
Floor covering is suitable for the provisions of beauty treatment/hairdressing	
Wall finish from floor to a height of 450mm above top of wash basin and a 150mm in width from each side of the wash basin is constructed of, or covered with, material that is durable, smooth, impervious to moisture and easily cleanable	
Comments	

Part 6: Washing Facilities

Bench top steriliser available for sterilisation of reusable article	
Appropriate sharps container provided (AS4031:1992)	
Clean linen, disposable gloves and disposable gowns available	
Comments	

Part 7: Colonic Lavage

For a closed system, a toilet is located in close proximity to the treatment room	
For an open system, a toilet is located in the immediate vicinity of the treatment room	
Single use impermeable gowns available	
Comments	

Part 8: Application Declaration

Applicant Name			
Signature		Date	

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ACCORDING TO PROCEDURES**

Credit Card Details			
Please charge my	<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> American Express
Amount	\$		

Name as appears on card																
Card Number																
Expiry Date																

Signature															
Daytime Phone Number															
Date															

Please note: All credit card payments are subject to a 0.7% service fee

Office Use Only															
Application No.															

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