

RENEWAL OF REGISTRATION OF HAIRDRESSERS

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



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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:	

PRESCRIBED FEE

\$337.00 (GST incl) see invoice attached

PLEASE COMPLETE AND RETURN WITH

The prescribed fee

Failure to return the above application form together with the prescribed fee within 30 days of the due date will incur a 10% penalty fee. If you are a new proprietor you must complete a transfer of registration form.

SIGNATURE OF APPLICANT

 Signature of Applicant:	Date:
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