



# FORM Application for Beauty Therapy, Tattooing and Skin Piercing Licence Health Act 1956. Local Government Act 2002 NPDC Bylaws 2010: Part 6. Beauty Therapy, Tattooing and Skin Piercing

Fill this form out with the assistance of the Beauty Therapy, Tattooing and Skin Piercing Licence Guide.

| 1. Applic     | ant details                       |                    |   |                |        |
|---------------|-----------------------------------|--------------------|---|----------------|--------|
|               |                                   |                    |   |                |        |
| 1a.           | Customer number                   | r                  |   |                |        |
|               |                                   |                    | If provided, proceed to section   | on 2.          |        |
| 1b.           | Applicant name                    |                    |   |                |        |
|               |                                   |                    | First name  | Surname        |        |
|               | Postal address                    |                    |   |                |        |
|               |                                   |                    |   |                |        |
|               | Contact numbers                   |                    | ( )   | ( )            | ( )    |
|               |                                   |                    | Phone   | Mobile         | Fax    |
|               | Email                             |                    |   |                |        |
|               |                                   |                    |   |                |        |
| 2. Licenc     | e holder details                  |                    |   |                |        |
| 2. Licenc     | e notaer detaits                  |                    |   |                |        |
| 2a.           | Customer number                   | ,                  |   |                |        |
| 24.           |                                   |                    | If provided, proceed to item  | 2c.            |        |
| 2b.           | Licence holder                    |                    | As stated on section 1, proceed to item 2c. If different from the applicant, provide details below. |                |        |
|               |                                   |                    |   |                |        |
|               | Name                              |                    |   |                |        |
|               | Postal address                    |                    |   |                |        |
|               |                                   |                    |   |                |        |
|               |                                   |                    |   |                |        |
|               | Contact numbers                   |                    | ( )   | ( )            | ( )    |
|               |                                   |                    | Phone   | Mobile         | Fax    |
|               | Email                             |                    |   |                |        |
|               |                                   |                    |   |                |        |
| 2c.           | Preferred means to correspondence | or formal          | Mail  | Email          | Fax    |
|               | correspondence                    |                    |   |                |        |
|               | 1.0                               |                    |   |                |        |
| 3. Busine     | ss details                        |                    |   |                |        |
|               | 5                                 |                    |   |                |        |
| 3a.           | Premises address                  |                    |   |                |        |
|               |                                   |                    |   |                |        |
| 26            | Premises contact                  | numbor             |   | ( )            | ( )    |
| 30.           | Fremises contact                  | number             | Phone   | Mobile         | Fax    |
| 30            | Vehicle details (fo               | r mobilo           |   |                |        |
| 00.           | premises)                         | r mobile           | Make and model of vehicle   | Registration   | number |
|               |                                   |                    |   |                |        |
| 3d.           | New/current tradi                 | ng name            |   |                |        |
| J             | Previous trading r                |                    |   |                |        |
|               | Frevious trading r                | iaiii <del>c</del> |   |                |        |
| 3e.           | Date you intend to                | o open/take        |   |                |        |
|               | over the business                 |                    | Day   | Month          | Year   |
|               |                                   |                    | •   |                |        |
| OFFICE USE ON | ILY                               |                    | 70.00.00.40   |                |        |
| Date received |                                   | File reference     | RG-06-06-16   | Application #  |        |
| Received by   |                                   | Document #         |   | Receipt #      |        |
| Property ID   |                                   | Registration #     |   | Amount paid \$ |        |

Liardet Street, Private Bag 2025, New Plymouth 4340, New Zealand, Telephone 06-759 6060, Email enquiries@npdc.goxt.nz, Website www.npdc.govt.nz

| 4a. Type of licence  | New  | New operator of existing licensed pre                 | Renewal<br>mises                             |
|--|--|---|--|
| 4b. Type of premises   | Commercial   | Residential   | Mobile                                       |
| 4c. Type of operation  | Permanent  |   |  |
|  | Temporary  | Start date: / /                                       | End date: /                                  |
|  |  |   |  |
| 4d. Principal business   | Beauty therapy   | Tattooing   |  |
| conducted  | Skin piercing  | Other   |  |
| 4e. Tick <b>all</b> procedures carried   | out on premises  |   |  |
| Hairdressing   | Exfoliation  | ı Ev  | ebrow & eyelash tinting                      |
| Acupuncture  | Skin peel (  | Í   | ebrow tattooing                              |
| Ear piercing   | Botox  |   | ebrow shaping                                |
| Face/body piercing   | Collagen r   | eplacement Ey   | elash perming                                |
| Sun bed  | Laser prod   | cedure Ma   | anicure                                      |
| Sauna/spa/steam room   | Red vein t   | reatment Pe   | dicure                                       |
| Temporary hair removal   | Spray tan  | Na  | il technology                                |
| Tattooing/pigment impla  | antation Waxing  | Ma  | assage                                       |
| Cultural tattooing includ<br>Kaitaamoko/tatau/uhi  | ing Skin care<br>(facial/mal                                 |   | ectrolysis<br>ilation/depilation/diatherm    |
| Other  | Other  |   |  |
|  |  |   |  |
| 5. Applicant's declaration   |  |   |  |
| PRIVACY STATEMENT Information on this form is requ by Council and is required to po members of the public, includir made available to other units or   | rocess your applications. Thing business organisations. In   | nis information has to be<br>n appropriate circumstar | made available to                            |
| Under the Privacy Act 2020, yo<br>Council, and you can also requ   | u have the right to access t<br>est that the Council correct | he personal information less any personal information | neld about you by the on it holds about you. |
| I understand that the Council will   | send all invoices for licence                                | fees and all corresponden                             | ce related to the                            |
| application to the license helder  |  |   |  |
| application to the licence holder. I confirm that I have read and unc  | derstood the privacy stateme                                 | nt above and that the infor                           | mation provided on this                      |
|  |  | nt above and that the infor                           | mation provided on this                      |
| I confirm that I have read and und application form is true and corre  |  | nt above and that the infor                           |  |
| I confirm that I have read and und   |  | nt above and that the info                            | mation provided on this  Date                |
| l confirm that I have read and und application form is true and corresponding to the second structure.   |  | nt above and that the info                            |  |
| I confirm that I have read and und application form is true and corresponding to the second s |  | nt above and that the info                            |  |
| l confirm that I have read and und application form is true and corresponding to the second se   |  | nt above and that the info                            |  |
| I confirm that I have read and und application form is true and corresponding to the second s | ect.   | nt above and that the info                            |  |
| I confirm that I have read and une application form is true and correspond to the second seco | ect.   |   |  |
| I confirm that I have read and und application form is true and corresponding to the application form is true and corresponding to the application form is true and corresponding to the application of the | Inspected by:  | nly Licence a   | Date   |
| Signature  Name (print clearly)  OFFICE USE ONLY  Premises inspection date: Outcome of inspection Decline Licence primary category Beauty therapy  Tattooin  | Inspected by:  | nly Licence a   | Date   |
| I confirm that I have read and und application form is true and corresponding to the application form is true and corresponding to the application form is true and corresponding to the application of the | Inspected by:  | nly Licence a   | Date   |
| I confirm that I have read and une application form is true and correspond to the application form is true and correspond to the application form is true and correspond to the application of the applicat | Inspected by:  Licence list of Skin piercing                 | nly Licence a   | Date   |
| I confirm that I have read and und application form is true and correspond to the application form is true and correspond to the application form is true and correspond to the application of the applicat | Inspected by:  Licence list of Skin piercing                 | nly Licence a   | Date   |
| I confirm that I have read and une application form is true and correspond to the application form is true and correspond to the application form is true and correspond to the application of the applicat | Inspected by:  Licence list of Skin piercing                 | nly Licence a   | Date   |

© New Plymouth District Council 2022

APP-EH-207-F, Mar 22, V2, Page 2 of 2

# GUIDE Application for Beauty Therapy, Tattooing and Skin Piercing Licence

Health Act 1956. Local Government Act 2002
NPDC Bylaws 2010: Part 6. Beauty Therapy, Tattoning and Skin P

Explanations in this guide are intended to assist you to complete the Beauty Therapy, Tattooing and Skin Piercing Licence Form – numbers on the form relate to the explanatory notes in this guide.

# **Background**

The NPDC Bylaws 2010: Part 6 Beauty Therapy, Tattooing and Skin Piercing requires owners or operators of tattooing, skin piercing and beauty treatment premises (including mobile or temporary premises) to apply for a licence if they intend to use a premises for the purposes of a prescribed process.

The purpose of the bylaw is to protect, promote and maintain public health and safety where a risk of transferring communicable diseases may exist.

In order to obtain a licence the premises must comply with the standards and requirements set down in the bylaw and all other relevant legislation or standards.

#### Renewal and licence fees

Licences are renewed annually and renewal applications must be lodged 20 days before the licence expires. Application fees are payable upon renewal. Fees are reviewed annually and are determined by Council resolution.

#### **Processing time**

Your application will be processed within 20 working days from receipt of your application.

# Applicant details

#### 1a. Customer number

A unique number that we assign on your record when you apply for permit or licence.

If you have changed your contact details since your last application, you can make sure we've got the correct name and address information for you by:

- calling us on 06-759 6060 or
- updating your details online at www.npdc.govt.nz/customerdetails or
- completing item 1b on this section.

## 1b. Applicant name

The person or company applying for the licence.

#### Postal address

Address where all your correspondence from the Council (except for correspondence from Puke Ariki and district libraries, aquatic centre and Govett-Brewster Art Gallery) are to be posted to.

## 2. Licence holder details

## 2a. Customer number

A unique number that we assign on your record when you apply for permit or licence.

If you have changed your contact details since your last application, you can make sure we've got the correct name and address information for you by:

- calling us on 06-759 6060 or
- updating your details online at www.npdc.govt.nz/customerdetails or
- completing item 2b on this section.

## 2b. Licence holder

Name(s) to appear on the licence. This can be an individual, company or partnership. If different from the applicant, provide details (name, postal address, contact numbers and email).

All correspondence will be sent to the licence holder.

## 2c. Preferred means for formal correspondence

Select how you want to receive correspondence for this application.

# 3. Business details

#### 3a. Premises address

Write the complete address of the premises to which the application relates to. Specify the unit number and street name.

#### 3b. Premises contact number

Provide the contact number of the premises.

## 3c. Vehicle details

For mobile premises, provide the make and type of vehicle and registration number.

## 3d. Trading name

New/current trading name – provide the trading name that you currently or intend to use for the premises.

Previous trading name – provide the previous trading name of the premises.

# 3e. Take-over date

State the date you intend to open/take-over the business.

Email enquiries@npdc.govt.nz, Website www.npdc.govt.nz Liardet Street, Private Bag 2025, New Plymouth 4340, New Zealand, Telephone 06-759 6060,

## 4.

# 4a. Type of licence

✓ Tick 'new' if the premises is not currently licensed for beauty therapy, tattoing or skin piercing.

✓ Tick 'new operator of existing premises' if a licence already exists for this premises, and a new operator intends to take over the business.

✓ Tick 'renewal' if you are applying for renewal of your existing licence.

# 4b. Type of premises

✓ Tick the type of premises where the business will be operating from – 'commercial' from a commercial premises, 'residential' from a private dwelling, 'mobile' where procedures are carried out at a clients premises or on a mobile basis.

Premises includes any commercial property, industrial property, residential property, community building, or vehicle where a prescribed procedure is carried out.

## 4c. Type of operation

✓ Tick the option that best describes the frequency the operation is carried out in the premises.

Permanent means the procedures are carried out all year round in the premises.

Temporary means the procedures are carried out in the premises on a temporary basis. You need to provide the start date and end date of the operation.

# 4d. Principal business

✓ Tick the principal activity of your business, where the options do not include your principal business, please supply the nature of your principal business activity.

Beauty therapy means any prescribed procedure intended to improve, alter or cleanse a person's hair, skin or complexion, including waxing, hair removal, tinting, electrolysis, facials, body therapy and massage, laser procedures, glycolic peels, extractions, manicure or pedicure procedures, commercial sun beds, saunas, spas or steam rooms or red vein treatment.

**Tattooing** means the practice of making indelible (permanent) marks in human skin or tissue by inserting pigments or dyes into punctures made in the skin or tissues. Tattooing shall also include the process known as pigment implantation.

**Skin piercing** involves the intentional or otherwise piercing, cutting or puncturing of the skin or any other part of the human body, for the purpose of jewellery, tattooing, acupuncture, epilation (including electrolysis and waxing), red vein cauterisation, pedicure and manicure.

## 4e. Procedures performed

✓ Tick all procedures carried out in your business.

**Acupuncture** means the practice involving the insertion of needles through the skin and tissue for the purposes of alleviating ailments or injuries.

**Cultural tattooing** means Kaitaamoko, tatau, uhi or other traditional significant tattooing practice.

**Massage** is the manipulation of superficial and deeper layers of muscle and connective tissue to enhance the function and promote relaxation and well-being.

**Electrolysis or short-wave diathermy** means the use of negatively charged electrical current to destroy the hair follicle.

**Manicure** involves the shaping of a client's nails, tidying the nail cuticles, moisturising the hands and nails, massaging the hands and arms and buffering the nails or applying nail enamel.

**Pedicure** means the treatment or beautification of feet by the puncturing or removal of layers of skin or tissue. The soaking of feet in tepid water, the clipping and/or filing of the toe nails, removing hard skin on the balls of the feet or heels.

**Nail technology** is the process of applying artificial nail extensions. These can be made from acrylic, gel, silk or fibreglass.

**Eyebrow and eyelash tinting** is the tinting of eyebrow and eyelashes to provide additional colour to brows and lashes.

**Eyebrow shaping** may involve the waxing or plucking and tidying-up of eyebrows.

**Eyelash perming** is the permanent curling of eyelashes.

**Skin care treatment** is known as manual facial treatment which involves the use of cleansing, toning and moisturising preparations followed by soothing facial massage.

**Exfoliation** is a treatment that removes dead skin cells from the outer layer of the epidermis (skin).

**Botox** is a treatment where a wrinkle-smoothing product made from Botulinum Toxin A, a highly diluted form of the toxin taken from the bacteria that causes Botulism, is injected into specific areas of the face.

**Collagen replacement** is a treatment where collagen, a natural protein, is injected into the face to smooth out facial lines, plump up lips and generally improve the appearance of the skin.

**Red vein treatment** is a specialised form of electrolysis that helps to remove any unsightly red veins that may appear on the face or body, and can also help to remove skin tags (acrochordon).

**Epilation or depilation** means the practice involving the penetration of the skin for the purpose of removing hair and includes the process commonly known as electrolysis.

**Temporary hair removal** either by wax (hot or cold) or a process known as sugaring (pliable sugar paste).