

## BUSINESS NOTIFICATION FORM

It is a requirement that Council is notified of your business activities. Please complete and sign this form and return it to Council via email to [service@cityofpae.sa.gov.au](mailto:service@cityofpae.sa.gov.au)

Information to assist you complete the business ownership and business location details can be found on page 2. If you have any queries, please contact Environmental Health on 8405 6600.

### Part 1 - Business Ownership Details

Name of the Proprietor:			
ACN Number :			
<b>Mailing Address of Owner:</b>			
Street /Postal address Line 1:			
Line 2:			
Suburb/Town:		Post code:	
Business Telephone:			
Mobile Phone:			
Fax number:			
Email:			

### Part 2 - Business Location Information

ABN Number:			
Registered Business Name:			
Trading name of business:			
Street address Line 1: (Not a PO box)			
Line 2:			
Suburb/Town:		Post code:	
Number of Operators/Employees:			
Date business commenced:			

## **Notes on completing the Business Ownership Details (Page 1)**

*Proprietor name:* Mandatory entry

*ACN:* The Australian Company Number (ACN) applies to Companies registered with the Australian Securities and Investments Commission (ASIC). The ACN is mandatory if your business is a company. A company can be a Proprietary Limited (Pty Ltd) Unlimited Proprietary (Pty) Limited (Ltd) or No Liability (NL)

*Mailing address:* Mandatory entry. All written communications with the proprietor of the business will be sent to this address.

*Business telephone:* Mandatory entry. All phone communications with the proprietor of the business will be to this number.

## **Notes on completing Business location information (Page 1)**

The address information in this section relates to information about the business location. This may be different to the business owner address information.

*ABN:* All businesses with an annual turnover of \$50 000 or non-profit organisations with an annual turnover of \$100 000 require an ABN. Organisations with a lower annual turnover may choose to register for an ABN. Contact the Australian Taxation office for information on applying for an ABN. Phone 13 28 61. Optional entry if the business is not required to have an ABN.

*Registered business name:* Mandatory entry if you trade other than under your own personal name. If the food business has been registered under the National Corporations Act 2001 administered by the Australian Securities & Investments Commission (ASIC), then the registered company name should be entered here. If the business has been registered under state or territory legislation and not under the National Corporations Act 2001, then that registered business name should be entered here. If you are unsure if you are legally required to have a registered business name contact the Office of Consumer and Business Affairs on (08) 8204 9779

*Common trading name:* Required if the business does not have a registered business name. If a business name is not registered, indicate the name under which the business is known or operates.

*Business location address:* Mandatory entry. The business location address must be a street address not a post office box or similar postal address

*Date commenced:* Mandatory entry. The date when the business began at this location. If an exact date is not known provide the year.

**Part 3 continued on the next page**

### Part 3 – Services Provided

**(a) What types of services does your business provide? (Tick the boxes that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Hairdressing                        | <input type="checkbox"/> Hair Removal                    |
| <input type="checkbox"/> Mobile                              | <input type="checkbox"/> Skin Penetration/Tattooing      |
| <input type="checkbox"/> Body/Ear Piercing                   | <input type="checkbox"/> Permanent Makeup                |
| <input type="checkbox"/> Beauty                              | <input type="checkbox"/> Acupuncture                     |
| <input type="checkbox"/> Manicures/Pedicures                 | <input type="checkbox"/> Colonic Irrigation              |
| <input type="checkbox"/> Artificial nails                    | <input type="checkbox"/> Lancing                         |
| <input type="checkbox"/> Waxing                              | <input type="checkbox"/> Laser Procedures/Tattoo Removal |
| <input type="checkbox"/> Dermapen/Dermarolling/Microneedling | <input type="checkbox"/> Other                           |

**If Other services provided and not listed, please specify** \_\_\_\_\_

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**Notification submitted by:** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_