When to use this form

Use this form if you want to apply for a licence to conduct a public health risk activity at your business premises. Activities can include skin penetration practices such as ear and body piercing and tattooing.

These practices must be carried out in line with the Public Health Act 1997 (Part 5, Divisions 3 and 4) and the guidelines for tattooing https://www.hobartcity.com.au/tattooguidelines and ear and body piercing https://www.hobartcity.com.au/earandbodypiercingguidelines.

Once you have submitted this application an officer will contact you to arrange for payment to be taken. Please refer to the current fees and charges https://www.hobartcity.com.au/Council/Fees-and-charges.

For further information you can contact us at coh@hobartcity.com.au or telephone 6238 2715.

Applicant details

First name  Required

Last name  Required

ACN (If a company)

Email address

Telephone number  Required
**Address**  Required

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**Preferred contact method (Select 1 option)  Required**
- email
- telephone
- Australia Post

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**Business details**

**Business trade name  Required**

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**Name that is on the front of the business (if different to above)**

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**Premises address  Required**

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**Postal address  Required**

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**Email address  Required**
Telephone number  Required

Emergency contact name  Required

Emergency contact telephone number  Required

What public health risk activities do you propose to carry out? (Select 1 or more options)  Required
- ear piercing
- body piercing
- tattooing

Declaration

In making this application: (Select 1 or more options)
- I declare that all the information I have provided is true, accurate and complete.  Required
- I understand that this application is not valid and assessment of the application will not commence until all application fees are paid in full.  Required
- I acknowledge and agree that if an email address is provided on this application I consent pursuant to Section 6 of the Electronic Transactions Act 2000 to the Council using that email address as a method of contact and for the provision of information by the Council.  Required
- I agree that by typing my name below I have signed this application.  Required

Name of signatory  Required

Date  Required
DD MMM YY