



Nomination of Events Manager for a Tattooing Show under the Tattoo Industry Regulation 2023

OFFICE USE ONLY												
Application No:	-											
Trim No:												

NOTE

1. An application for a permit in connection with a tattooing show to be conducted on behalf of a corporation, partnership or trust, must be made by an individual nominated by the corporation, partners or trustees to be the Events Manager for the tattooing show.
2. This form must be submitted with a **P1252 Application for a Tattooing Show Permit** to nominate the Events Manager for the tattooing show, and:
 - in the case of a corporation, a director of the corporation must sign this form
 - in the case of a partnership, each partner must sign this form
 - if a corporation is a partner, a director of each partner corporation must sign this form
 - in the case of a trust, each trustee must sign the form.

Please use a BLACK or BLUE PEN. Print clearly within the boxes in CAPITAL LETTERS.

1 PROPOSED TATTOOING SHOW DETAILS

1.1 Provide the location of the proposed tattooing show.

ADDRESS

SUBURB/TOWN

STATE

POSTCODE

1.2 Provide the start and finish dates for the proposed tattooing show.

START DATE (dd/mm/yyyy)

FINISH DATE (dd/mm/yyyy)

1.3 Provide the name of the Events Manager.

LAST NAME

GIVEN NAME(S)

1.4 Provide the name of the proposed tattooing show.

1.5 What is the business structure of the owner/operator of the proposed tattooing show?

CORPORATION Go to Section 2

PARTNERSHIP Go to Section 3

TRUST Go to Section 4

2 CORPORATION DETAILS

2.1 Provide the name of the Corporation.

2.2 Provide the ACN/ABN/ARBN of the Corporation.

2.3 Provide the Registered Business Name of the Corporation.

3 PARTNERSHIP DETAILS

3.1 Provide the name of each Partner. (Attach a separate sheet if insufficient space)

PARTNER 1

LAST NAME

GIVEN NAME(S)

PARTNER 2

LAST NAME

GIVEN NAME(S)

3.2 Provide the Registered Business Name of the Partnership.

3.3 Provide the name of the Corporation if a partner.

3.4 Provide the ACN/ABN/ARBN of the Corporation if a partner.

3.5 Provide the Registered Business Name of the Corporation if a partner.

4 TRUST DETAILS

4.1 Provide the name of the Trust.

4.2 Provide details of the Trustee. (Attach a separate sheet if insufficient space)

TRUSTEE 1

LAST NAME

GIVEN NAME(S)

ACN/ABN/ARBN

TRUSTEE 2

LAST NAME

GIVEN NAME(S)

ACN/ABN/ARBN

TRUSTEE 3

LAST NAME

GIVEN NAME(S)

ACN/ABN/ARBN

5 DECLARATION

The owners/operators of the proposed tattooing show detailed in sections 1-4 of this form, hereby nominate (insert full name):

whose Date of Birth is / / as the Events Manager for the proposed tattooing show described in section 1 of this form.

In the case of a corporation, a director of the corporation must sign this form. In the case of a partnership, each partner must sign. If a corporation is a partner, a director of each partner corporation must sign. In the case of a trust, each trustee must sign the form. (Attach an additional form if insufficient space).

PERSON 1

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE (dd/mm/yyyy)

/ /

PERSON 2

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE (dd/mm/yyyy)

/ /

PERSON 3

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE (dd/mm/yyyy)

/ /

PERSON 4

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE (dd/mm/yyyy)

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PERSON 5

SIGNATURE

PRINT NAME

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PERSON 6

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CAPACITY/ROLE

DATE (dd/mm/yyyy)

PERSON 7

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE (dd/mm/yyyy)

PERSON 8

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE (dd/mm/yyyy)

PERSON 9

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE (dd/mm/yyyy)

PERSON 10

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE (dd/mm/yyyy)

IMPORTANT:
YOUR APPLICATION WILL BE DELAYED IF IT IS NOT FULLY COMPLETED AND/OR YOU HAVE NOT PROVIDED THE REQUIRED DOCUMENTATION.