

Office: .....
Date: ...../...../.....
Time: .....
Name: .....

## Higher Risk Personal Appearance Services Licence – Application Form (Public Health - Infection Control for Personal Appearance Service Act 2003)

The Council is collecting your personal information in accordance with the Public Health (Infection Control for Personal Appearance Services) Act 2003 to process your Higher Risk Personal Appearance Services Licence Application. The information collected will be entered into Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. Some of this information may be given to other Government Departments in case of an emergency. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

**NOTE:** Your application will not be accepted and processed without the form being completed, applicable fee paid and all required documentation attached. Upon approval of the design you will be invoiced your annual licence fee.

### Tick ONE box that applies to you

- New Licence (Must complete sections A, B, C, D, E, F, G)
- Amendment of Licensee Details (Transfer of Licence) Existing Licence Number: HRPAS - \_\_\_\_\_  
(Must complete sections A, B, C, D, G, H)
- Amendment of Premises (Alterations to premises structure) Existing Licence Number: HRPAS - \_\_\_\_\_  
(Must complete sections A, B, C, G)

**Department of Justice and Attorney-General Approval - A copy of approval under the *Tattoo Industry Act 2013* must be attached. (Not required if business is cosmetic tattooing only. See Act for full exemptions)**

Approval Number: \_\_\_\_\_

## SECTION A - LICENSEE DETAILS - THIS SECTION MUST BE COMPLETED

**LICENSEE MUST BE A LEGAL ENTITY I.E. CORPORATION OR INDIVIDUAL, NOT A TRADING NAME ONLY.**

**If applicant is a corporation, insert corporation name and ACN.**

### APPLICANT 1

Corporation Name:	ACN:
Name:	Position:
<b>OR if applicant is not a corporation, insert relevant details</b>	
Mr / Mrs / Ms / Miss Surname:	Given Name/s:
Ph Home: ( ) Work : ( )	Mobile:
Email:	
Postal Address:	
Locality / Suburb:	State: Post Code:

### APPLICANT 2

Mr / Mrs / Ms / Miss Surname:	Given Name/s:
Ph Home: ( ) Work : ( )	Mobile:
Email:	
Postal Address:	
Locality / Suburb:	State: Post Code:

Has the proposed transferee<sup>1</sup> been convicted (or found guilty) of any of the following offences<sup>2</sup> :

- An indictable offence (drink driving and minor traffic offences are not indictable offences);
- An offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or a corresponding law;<sup>3</sup>
- An offence against the *Health Act 1937* or an Australian or Foreign law regulating the same subject matter as that Act;
- An offence, relating to the provision of personal appearance services, against an Australian or Foreign law.

- Has the applicant held a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law?
- Has the applicant been refused a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law?
- Has the applicant had an application for the registration of an establishment refused in the *Health Regulation 1996*?
- Has the applicant had the registration of an establishment suspended or cancelled under the *Health Regulation 1996*?

I/We hereby declare the information I/we have provided is true and correct.

**Applicant 1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant 2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Includes a corporation's executive officer
2. You are not required to give details of convictions for which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired and is not revived under section 11 of that Act.
3. 3 A "corresponding law" is an Australian or foreign law that provides, or provided, for the same matters as the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

**SECTION B - BUSINESS/TRADING DETAILS** - Trading Name must be registered with the Office of Fair Trading- If more than one premises please attach additional information to this form.

Trading Name:	ABN:	
Street Address:		
Locality / Suburb:	State:	Postcode:
Contact Person:		
Phone:	Mobile:	
Fax:	Email:	

**Real property description – refer to Rates Notice.**

Lot no:	Reg. plan no:	Parish:
---------	---------------	---------

**SECTION C - CONTACT DETAILS**

<input type="checkbox"/> Business	<input type="checkbox"/> Private	Contact Person:
Postal Address:		
Locality / Suburb:	State:	Postcode:
Phone:	Mobile:	
Fax:	Email:	

**SECTION D - VEHICLE DETAILS** - If applicable NOTE: If there are additional vehicles please attach details to this form

Description of the Premises (e.g. vehicle, caravan details):		
Address where the mobile premises may be inspected:		
Suburb:	State:	Postcode:
Vehicle Type:	Rego No:	

**SECTION E - BUSINESS OPERATION DETAILS**

<b>Type services you intend to provide:</b> <input type="checkbox"/> Open ear or nose piercing <input type="checkbox"/> Body piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Branding		
<input type="checkbox"/> Microblading <input type="checkbox"/> Collagen implants <input type="checkbox"/> Colour implantation <input type="checkbox"/> Other please specify:		

**SECTION F - INFECTION CONTROL QUALIFICATIONS** - You must have achieved competency standard HLTINF005 OR HLTIN402C OR HLTIN2A & HLTIN2B - Maintain Infection Control Standards in Office Practice Settings. List all qualified employees, course/s attended and attach documentation of their qualifications.

Name	Course Attended

**SECTION G - CURRENT APPROVAL DETAILS** - (For new or amendment of premises only. Details are not required for transfer of licence where there have been no structural alterations.)

Please insert your approval number for each approval type issued or in progress:

Approval Type	Approval No.	Office Use Only
Building approval		
Plumbing and drainage approval		
Development approval		
Trade Waste approval		
Other - please specify		

**AMENDMENT DETAILS (For premises only)**

Provide details of proposed amendments:


**SECTION H - CURRENT LICENSEE DETAILS (Transfer Only)** - If applicant is corporation, insert corporation name and ACN

Corporation Name:	ACN:
Name:	Position:
<b>OR</b>	
<b>LICENSEE 1</b>	
Mr / Mrs / Ms / Miss	Surname:                      Given Name/s:
Ph Home: (    )	Work : (    )                      Mobile:
Email:	
Postal Address:	

**LICENSEE 2**

Mr / Mrs / Ms / Miss	Surname:	Given Name/s:
Ph Home: (    )	Work : (    )	Mobile:
Email:		
Postal Address:		
By signing this form, you are agreeing that you are no longer responsible for the ownership/operation of the business listed in the transfer application form and agree to relinquish all rights and responsibilities in relation to this business activity to the applicant listed on this transfer application form.		
Licensee 1 Signature: _____		Date: _____
Licensee 2 Signature: _____		Date: _____

**ATTACHMENTS** - The attachments detailed below are required and necessary documentation (including plans) **MUST** be submitted with ALL applications.

- Please attach the following when lodging your application:
1. A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed fixed and / or mobile premises.
  2. Full explanation of selected boxes in the Applicant details sections (if applicable).
  3. Additional premises details (if applicable)
  4. Copies of Infection Control Qualifications.
  5. Tattoo business and/or individual tattooist to provide copies of "Operator Licence" under the Tattoo Industry Act 2013
  6. Certificate of Classification - Form 11 (Explanation note: This is the final certificate from the Building Approval)

**OFFICE USE - Receipt to Existing Licence Number**

Officer Name:	Receipt Number:	Date:
Officer Name:	<input type="checkbox"/> Attachments Provided	Date Entered:
Scheduled category	Licence no.	

**PAYMENT OPTIONS**

- IN PERSON:** You may pay in person at any of Council's Administration Centres. Cashier hours may vary at each office. General cashier hours are from 8.30am to 4.45pm Monday to Friday.
- CREDIT CARD:** To Pay via Credit Card – please tick this box and Customer Solutions will call for payment over the phone – prior to processing the application.
- POST:** Cheque/Money Order payable to: Gladstone Regional Council, PO BOX 29, GLADSTONE DC QLD 4680