

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

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

The Gladstone Regional 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 Gladstone Regional 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

Tick ONE box that applies to you

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

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

If applicant is a corporation, insert corporation name and ACN

APPLICANT 1

Corporation Name: _____ ACN: _____

Name: _____ Position: _____

OR if applicant is not a corporation, insert relevant details

Mr / Mrs / Ms / Miss Surname: _____ Given Name/s: _____

Ph Home: () Work : () Mobile: _____

Email: _____

Postal Address: _____

APPLICANT 2

Mr / Mrs / Ms / Miss Surname: _____ Given Name/s: _____

Ph Home: () Work : () Mobile: _____

Email: _____

Postal Address: _____

Has the proposed transferee¹ been convicted (or found guilty) of any of the following offences² :

- 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;³
- 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

Business 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: _____

State the type services you intend to provide:

SECTION E - INFECTION CONTROL QUALIFICATIONS - You must have achieved competency standard HLTIN2A - 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 F - 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 by Council.

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

Corporation Name: _____ ACN: _____

Name: _____ Position: _____

OR
LICENSEE 1

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. Details including bench surface material, location of hand basin, etc should be included.
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

*****Important Note – The above information is not required if it has already been supplied to Council*****
OFFICE USE - New Applicant RC570 Amendment and Transfer Receipt to Existing Licence Number

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

PAYMENT OPTIONS Only to be completed if NOT paying at a Council Office 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 → Visa Master Card AMEX Please tick if a receipt is required: Yes No

Card Number: ____/____/____/____ Expiry Date: ____/____

Name on Card: _____

POST → Post a cheque or money order made payable to:

 Gladstone Regional Council
 PO BOX 29
 GLADSTONE DC QLD 4680