

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

**Higher Risk Personal Appearance Services Licence - Design Approval
Application (*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 Design Approval 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

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

Approval Number: _____

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: _____

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: _____

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

Applicant 1 Signature: _____ **Date:** _____

Applicant 2 Signature: _____ **Date:** _____

CONTACT DETAILS

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

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

Real property description – refer to Rates Notice.

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

OFFICE USE - Receipt to RC570

Customer Service :	Officer Name:	Receipt Number:	Date:
	Officer Name:	Attachments Provided:	Date Entered:
	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