



**ACT**  
Government

Justice and Community Safety

## ANNUAL RETURN FOR BROTHEL OR ESCORT AGENCY

*Prostitution Act 1992*

### PURPOSE

This form is to be used for lodgment of an annual return for a brothel or escort agency under the *Prostitution Act 1992* (the Act). You can access the legislation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.ors.act.gov.au](http://www.ors.act.gov.au).

### PRIVACY

The *Information Privacy Act 2014* applies in the ACT. The Act authorises the Commissioner for Fair Trading (the Commissioner) to collect the information required by this form. The Commissioner prevents any unreasonable intrusion into a person's privacy. The JACS Privacy Policy contains information on how you can access or seek to correct any of your personal information that is held by the Directorate, as well as the process for lodging a complaint about an alleged breach of the *Information Privacy Act 2014*. The Privacy Policy can be found on the JACS website at <http://www.justice.act.gov.au/privacy>. The Commissioner may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

### CONTACT

Office of Regulatory Services Shopfront  
255 Canberra Avenue, Fyshwick ACT 2609  
Opening Hours 9:00am to 4:30pm  
Monday to Friday

General Enquiries (02) 6207 3000

Office of Regulatory Services Postal Address  
GPO Box 158, Canberra City ACT 2601  
Website [www.ors.act.gov.au](http://www.ors.act.gov.au)  
Email [ors.bil@act.gov.au](mailto:ors.bil@act.gov.au)

Fax Number (02) 6207 0424

### INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- Complete this form using a black or blue pen only.
- Interested person/s may apply for registration of a brothel or escort agency. Interested persons include operators.
- A person is disqualified if the person, or if the person is a corporation the corporation, has been convicted or found guilty of certain offences. Refer to the Act for descriptions of disqualifying offences.
- If the applicant is a corporation, a separate applicant details page of this form must be completed by each director of the corporation.
- If the applicant is a corporation you must attach a company extract issued by the Australian Securities and Investments Commission (ASIC) dated no older than 30 days prior to the date of this application. Alternatively the Office of Regulatory Services can perform this for a fee.

### TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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*Prostitution Act 1992*

### APPLICANT DETAILS (Each individual operator and corporation director must complete a separate applicant details form)

| TITLE <small>(Mr, Ms)</small>   | GIVEN NAMES   | SURNAME  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HOME ADDRESS</b> <small>(Property Name, Unit, Flat No, Street Number, Street Name)</small> |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY / SUBURB / TOWN  | STATE / TERRITORY   | POSTCODE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>POSTAL ADDRESS</b> <small>(If different to home address)</small>                           |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY/ SUBURB/ TOWN  | STATE / TERRITORY   | POSTCODE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HOME TELEPHONE NUMBER   | MOBILE TELEPHONE NUMBER   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ( )   |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WORK TELEPHONE NUMBER   | EMAIL ADDRESS   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ( )   |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COMPANY NAME <small>(If applicable)</small>   | AUSTRALIAN COMPANY NUMBER (A.C.N.) <small>(If applicable)</small>   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PARTNERSHIP NAME <small>(If applicable)</small>   | AUSTRALIAN BUSINESS NUMBER (A.B.N.) <small>(If applicable)</small>  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |   |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### APPLICANT STATEMENT

Have you committed a disqualifying act as defined, by the *Prostitution Act 1992* including

- An offence against a provision of the *Crimes Act 1900*
- An offence against a law of the Commonwealth, a State or another Territory
- An offence against a law of the Commonwealth, State or another Territory corresponding to a provision of the part 2.4 (Extensions of criminal responsibility) or section 717 (Accessory after the fact) in relation to an offence
- An offence against the *Migration Act 1958*
- An offence against a Commonwealth law corresponding to a provision of the Criminal Code.
- An offence against a law of a foreign country.

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I, \_\_\_\_\_, confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence.

Signature:

Date: / /

|  |                       |
|--|-----------------------|
| <b>PARTICULARS OF PREMISES</b> <i>(Complete a separate form for each premises if applicable)</i> | <b>LICENCE NUMBER</b> |
|  |                       |

|   |   |
|---|---|
| <b>REGISTRATION TYPE</b>  | <b>OPERATOR TYPE</b>  |
| <input type="checkbox"/> Brothel <input type="checkbox"/> Escort Agency | <input type="checkbox"/> Sole Operator <input type="checkbox"/> Commercial Operator |

**PREMISES ADDRESS** *(Property Name, Unit, Flat No, Street Number, Street Name)*

**REGISTERED BUSINESS NAME** *(If applicable)*

|                             |                          |                 |
|-----------------------------|--------------------------|-----------------|
| <b>CITY / SUBURB / TOWN</b> | <b>STATE / TERRITORY</b> | <b>POSTCODE</b> |
|-----------------------------|--------------------------|-----------------|

|  |  |  |
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**POSTAL ADDRESS DETAILS** *(If different to premises address)*

|                           |                          |                 |
|---------------------------|--------------------------|-----------------|
| <b>CITY/ SUBURB/ TOWN</b> | <b>STATE / TERRITORY</b> | <b>POSTCODE</b> |
|---------------------------|--------------------------|-----------------|

|  |  |  |
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|   |                                       |
|---|---------------------------------------|
| <b>CONTACT TELEPHONE NUMBER OF PREMISES</b> | <b>CONTACT FAX NUMBER OF PREMISES</b> |
|---|---------------------------------------|

|  |  |
|--|--|
|  |  |
|--|--|

|   |   |
|---|---|
| <b>CONTACT MOBILE NUMBER OF PREMISES</b> <i>(If applicable)</i> | <b>CONTACT EMAIL ADDRESS OF PREMISES</b> <i>(If applicable)</i> |
|---|---|

|  |  |
|--|--|
|  |  |
|--|--|

**CHECKLIST**

|  |                 |
|--|-----------------|
| <b>CERTIFICATES, APPROVALS &amp; OTHER ATTACHMENTS</b> <i>(Where applicable)</i> | <b>ATTACHED</b> |
|--|-----------------|

|  |  |
|--|--|
| A company extract issued by the Australian Securities and Investments Commission (ASIC) dated no older than 30 days prior to the date of this application. Alternatively the Office of Regulatory Services can perform this for a fee. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

**COMPLETED FORMS TO BE RETURNED**

|  |  |
|--|--|
| <b>In Person:</b><br>Office of Regulatory Services<br>255 Canberra Avenue<br>Fyshwick ACT 2609<br>Hours: 9.00am – 4.30pm | <b>By Post:</b><br>Office of Regulatory Services<br>Business and Industry Licensing<br>GPO Box 158<br>Canberra, ACT 2601 |
|--|--|