



**APPLICATION FORM**  
Licence to Carry on Business Providing  
**Higher Risk Personal Appearance Services**  
July 2012 to June 2013

To: Chief Executive Officer, Cairns Regional Council

**Application for:**

New Licence: \$338.00  Transfer of Licence: \$ 102.00  Section 4

Replacement of Licence: \$ 39.50  Amendment of Licence: \$ 102.00  Section 7

**Plans and specifications must also be submitted for new premises accompanied by the prescribed fee of \$216.00 (T164)**

**Section 1 - Applicant's Details** (Please print)

Full Name (Person/s or Company): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact name for this application: \_\_\_\_\_

Director/s name: (if applicable) \_\_\_\_\_ ABN: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**Section 2 – Business Details** (Please print)

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Company name: (if applicable) \_\_\_\_\_

Mobile Premise  Registration #: \_\_\_\_\_ **OR** Fixed Premise

Address of fixed premises: (or where mobile vehicle is to be stored) \_\_\_\_\_

Address of additional premises (if applicable) \_\_\_\_\_

Real property description: Lot no. \_\_\_\_\_ Registered plan no.: \_\_\_\_\_

**Section 3 - List All Persons Who Will Be Carrying Out Higher Risk Personal Appearance Services**

1/ \_\_\_\_\_ 2/ \_\_\_\_\_

3/ \_\_\_\_\_ 4/ \_\_\_\_\_

**NOTE:** Every person who physically carries out Higher Risk Personal Appearance Services must have achieved the competency standard **HLTIN402B – Maintain Infection Control Standards in Office Practice Settings** and provide evidence of such prior to the licence being issued.

**Section 4 – For Transfer Of Licence Only**

I / We ..... (Name of the Current Licensee), being the holder of Licence number # ..... issued under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, apply for transfer of the licence to the proposed transferee as listed as the “Applicant” in Section 1 of this application.

**Signature of Licensee:** ..... **Date:** .....

**Contact Phone:** .....

**Signature of Transferee:** ..... **Date:** .....

**Section 5 - Suitability Of Person To Hold A Licence (Please print)**

Has the applicant<sup>1</sup> been convicted (or found guilty) of any of the following offences<sup>2</sup>? Yes  No   
 • 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, that was suspended or cancelled? Yes  No

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? Yes  No

Has the applicant had an application for the registration of an establishment refused under the Health Regulation 1996? Yes  No

Has the applicant had an application for the registration of an establishment suspended or cancelled under the Health Regulation 1996? Yes  No

<sup>1</sup> Includes a corporation's executive officer.. <sup>2</sup> 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. <sup>3</sup> 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 6 - Types Of Higher Risk Personal Appearance Services You Intend To Provide? (eg, tattoo piercing, scarification, implants)**

**Section 7 - Amendment Details (Please supply details of changes required to your existing Licence, attach if necessary)**

Name: ..... Existing Licence Number: .....

**I declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with the authorities of any State, Territory, Commonwealth or foreign country in regards to any matters relevant to this application.**

**Signature of Applicant:** ..... **Date:** .....

**Cairns Regional Council – Information Privacy Statement**

Your personal information has been collected for the purpose of assessing your Higher Risk Personal Appearance Services Application for Licence to Carry on Business, includes New, Transfer, Replacement & Amendment. The collection of your information is authorised under the Public Health (Infection Control for Personal Appearance Services) Act 2003. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other persons or agency unless you have given Council the permission or the disclosure is required by law.

OFFICE USE	Receipt Code:	Fee Paid	Date	Receipt Number	Health Number
	T163 (New Applicant) or T80 (Existing Account)	\$			