

Etheridge Shire Council

St George Street, Georgetown
PO Box 12,
Georgetown QLD 4871

Telephone 07 4062 1233 Facsimile 07 4062 1285

Email info@etheridge.qld.gov.au

Website www.etheridge.qld.gov.au



**Public Health
(Infection Control
for Personal
Appearance
Services) Act 2003**

Higher Risk Personal Appearance Services - Transfer

Application for Transfer of Licence to Carry on Business Providing Higher Risk Personal Appearance Services

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

Higher Risk Personal Appearance Services Transfer

Fee \$ _____

Transferee/s details

If Transferee/s is a company, insert company name and ACN / ARBN.

Company name _____ ACN / ARBN _____

Title (eg. Mr, Mrs, Miss etc.)

If Transferee/s is a Company / Corporation, director's names must be included.

Family name _____

Given names _____

Position _____

Has the applicant¹ 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 proposed transferee 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?

Has the proposed transferee 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 proposed transferee had an application for the registration of an establishment refused under the *Health Regulation 1996*?

Has the proposed transferee had the registration of an establishment suspended or cancelled under the *Health Regulation 1996*?

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 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*.

If Transferor/s is a company, insert company name and ACN / ARBN.

Transferor/s details

Company name	ACN / ARBN
--------------	------------

Title (eg. Mr, Mrs, Miss etc.)

Family name
Given names
Position

I hereby consent to the transfer of this licence to the proposed transferee listed in this application.

Signature	Date
-----------	------

Title (eg. Mr, Mrs, Miss etc.)

Family name
Given names
Position

I hereby consent to the transfer of this licence to the proposed transferee listed in this application.

Signature	Date
-----------	------

Higher Risk Personal Appearance Services Licence No.

Licence no.

Select as applicable.

Contact details

Business Private

Contact person

Postal address

Locality / Suburb	State	Postcode
-------------------	-------	----------

Contact ph.	Mobile
-------------	--------

Contact fax	Email
-------------	-------

Fixed premises

Business name must be registered with Fair Trading.

If more than one premises, please attach additional information to this form.

If applicant is a company insert registered address of Company / Corporation.

Enter postal address if different from street address.

Real property description - refer to Rates Notice.

Business details (Transferee to complete)

Business name	BN
---------------	----

Street address

Locality / Suburb	State	Postcode
-------------------	-------	----------

Postal address (for service of documents)

Locality / Suburb	State	Postcode
-------------------	-------	----------

Contact ph.	Mobile
-------------	--------

Contact fax	Email
-------------	-------

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

Mobile premises

Description of the premises (eg vehicle, caravan details)

Vehicle registration no.

Address where the mobile premises may be inspected
--

Locality / Suburb	State	Postcode

State the type of higher risk personal appearance services that the transferee intends to provide:

Lodgement

Please attach the following:

1. Full explanation of selected box/es in the Transferee details (if applicable).
2. Additional premises details (if applicable).

Please note: This application and fee MUST be lodged with your Council

Privacy Statement

The Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*) or as required by Queensland State Government.