

# Application to amend a licence to carry on business providing higher risk personal appearance services

## Authorising Provisions

*Public Health (Infection Control for Personal Appearance Services) Act 2003  
(Part 4 Section 47)*

If you have any specific enquires regarding this application please contact Council's Licensing & Approvals Section on (07) 5581 6668 or Fax: (07) 5581 6898.

Please complete this application in BLOCK LETTERS, tick boxes where applicable and attach required further information.

**Collection Notice:** Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the city. The information will not be disclosed to any other party unless required by law.

<p><b>Applicant must be a legal entity (eg. Individual/s, company – not business or trading name)</b></p>	<p><b>Applicant details</b></p> <p>Applicant Name: _____ (eg. Individual/s, company)</p> <p>ACN: _____</p> <p>Postal address: _____ _____</p> <p>Trading name: _____</p> <p>Registered business address: _____ _____</p> <p>Contact person: _____</p> <p>Phone no.: _____ mobile no.: _____</p> <p>Fax no.: _____</p> <p>Email address: _____</p>
<p><i>If more than one premise please attach details.</i></p>	<p><b>Amendment application details</b></p> <p>State the requested amendments to the licence: _____ _____</p> <p>If the amendments involve changing the location of the premises shown on the licence, or adding additional premises, please complete the following:</p> <p><b>For fixed premises:</b></p> <p>Real property description: Lot _____ Plan type and number:(eg RP123) _____</p> <p>Street address _____</p> <p>Name of shopping centre (if applicable) _____</p> <p>State the process or processes involving the penetration of the skin, which is or are intended to be carried out in the establishment:</p> <p> <input type="checkbox"/> Body piercing                      <input type="checkbox"/> Implanting                      <input type="checkbox"/> Scarring or cutting  <input type="checkbox"/> Tattooing                              <input type="checkbox"/> Other _____         </p>

	<p><b>For mobile premises:</b></p> <p>Description of premises (eg caravan, vehicle): _____</p> <p>Vehicle registration number: _____</p> <p>Address where mobile premises may be inspected/based: _____</p> <p>State the process or processes involving the penetration of the skin, which is or are intended to be carried out in the establishment:</p> <p><input type="checkbox"/> Body piercing                      <input type="checkbox"/> Implanting                      <input type="checkbox"/> Scarring or cutting</p> <p><input type="checkbox"/> Tattooing                              <input type="checkbox"/> Other _____</p>
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**Application requirements for all alterations/new premises/new treatment rooms**

You must lodge all documentation listed below to allow processing, otherwise the information will be requested and this may hold up the approval or process.

Item	Applicant Check ✓	Council Check ✓
(a) Two copies of plan layout of all equipment, benches, storage cupboards (storage of staff personal items), sinks, basins, door/window openings, location of staff areas and chemical/cleaning equipment storage areas. Scale 1:100	<input type="checkbox"/>	<input type="checkbox"/>
(b) Two copies of 2 cross-sections each drawn through separate areas of the storage and customer service areas. Details are to include finishes to walls, floors and ceilings, heights of fixtures from floors and benches, junctions of walls and floors and lighting provisions. Scale 1:50	<input type="checkbox"/>	<input type="checkbox"/>
(c) Two copies of site plan showing location of premises/shop in regard to other premises including wastewater treatment devices (grease trap, etc), waste storage area and staff toilets.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Details of location and types of sterilizing equipment/laundry facilities for sanitizing needles, towels, wraps etc	<input type="checkbox"/>	<input type="checkbox"/>
(e) Confirmation that all persons personally providing higher risk personal appearance services at the proposed premises hold the appropriate infection control qualification (copies of certificate/s of qualification are to be provided).  The appropriate infection control qualification means a certificate issued by a registered training organization to each individual providing the higher risk personal appearance service stating the individual has achieved the competency HLTIN402A – Maintain Infection Control in Office Practice Settings.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Application must be signed</b>	I/We hereby certify that the above information and the information on any attachments is true and correct.  _____ Date ____ / ____ / ____	
<b>Fees</b>	<p>1. No Fees are required for amendment applications unless the applicant's business operations are:</p> <ul style="list-style-type: none"> <li>• Based outside the City of the Gold Coast</li> </ul> <p>2. A \$205.00 application fee is required for businesses whose operations are based outside the City of the Gold Coast.</p> <p><b>For further clarification please contact Council's Licensing &amp; Approvals Section on (07) 5581 6668 or visit Council's website at goldcoastcity.com.au</b></p>	
	Should approval be given to this application such approval will not extend to approving any other statutory or Local Government requirements relating to the property.	
<b>Office use only</b>	Application fee: RE 98405	Date:
	Amount paid: \$	Receipt no: