

<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>	Application for a 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 Licence	Fee \$	
Applicant/s details If applicant is a company, insert company name & ABN / ACN / ARBN and include all director's names (attach a separate sheet if required).	Applicant's/Company's name		
	ABN / ACN / ARBN		
	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify)		
	Family name		
	Given name/s		
	Position		
Contact details (complete only if different from Applicant or where Applicant is a company)	Primary Contact Person		
	Postal address		
	Locality /Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email	
Address for Services (Provide contact details if different from above)	Address at which services are conducted		
	Postal address		Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email	
Mobile Premises	Vehicle registration no.		
	Address where the mobile premises may be inspected		
	Locality/Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Premises	Description of the premises (eg vehicle, caravan, shop)		
Services Provided	State the type of higher risk personal appearance services you intend to provide:		

<p>SUITABILITY OF PERSON TO HOLD A LICENCE (s.35)</p> <p>If you select any of the boxes, please attach a full explanation to this application on a separate sheet.</p>	<p>Has the applicant¹ been convicted (or found guilty) of any of the following offences² :</p> <p><input type="checkbox"/> An indictable offence (drink driving and minor traffic offences are not indictable offences);</p> <p><input type="checkbox"/> An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law³;</p> <p><input type="checkbox"/> An offence against the <i>Health Act 1937, Public Health Act 2005</i> or an Australian or Foreign law regulating the same subject matter as that Act;</p> <p><input type="checkbox"/> An offence, relating to the provision of personal appearance services, against an Australian or Foreign law.</p> <p><input type="checkbox"/> Has the applicant held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>, or a licence or registration under a corresponding law, that was suspended or cancelled?</p> <p><input type="checkbox"/> Has the applicant been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>, or a licence or registration under a corresponding law?</p> <p><input type="checkbox"/> Has the applicant had an application for the registration of an establishment refused under the <i>Health Regulation 1996 or Public Health Regulation 2005</i>?</p> <p><input type="checkbox"/> Has the applicant had the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996 or Public Health Regulation 2005</i>?</p> <p>1 includes a corporation's executive officer. 2 You are not required to give details of convictions for which the rehabilitation period under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> 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 <i>Public Health (infection Control for Personal Appearance Services) Act 2003</i>.</p>		
<p>Real property description – refer to Rates Notice.</p>	<p>Lot no.</p>	<p>Reg. plan no.</p>	<p>Parish</p>
<p>INDEMNITY</p>	<p>I /We declare the information provided in this application to be true and correct.</p>		
<p>Owner/s consent</p> <p>This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.</p>	<p>Signature</p>		<p>Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	<p>Name</p>		
	<p>Street Address</p>		
	<p>Locality/Suburb</p>		
	<p>Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>State <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	<p>Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
	<p>Email</p>		
	<p>I, being the owner of the property described in this application, hereby consent to the aforementioned applicant making this application.</p>		
	<p>Signature:</p>	<p>Date:</p>	

Lodgement of Original Application	<p>If this is your first application (ie. not a renewal), it must be accompanied by a plan, drawn to a scale of 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 must be included.</p> <p>2. Full explanation of selected box/es in the Applicant details section (if applicable).</p> <p>3. Additional premises details (if applicable).</p>		
	Please note: This application and fee MUST be lodged with Council.		
	Office use only		
	Fee		
	Receipt code		Registration no.
	Authorized Officer		ID no.
	Recommendation		Inspection date
	Date		Rec. no.

PRIVACY CLAUSE

The information collected on this form will be used by the Hinchinbrook Shire Council in accordance with the processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Information Privacy Act 2009*) or as required by the Queensland State Government. This information may be stored in the Council database. The information collected will be retained as required by the *Public Records Act 2002*.