

<p><i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i></p>	<p>Application to Transfer a Licence to Carry on Business Providing Higher Risk Personal Appearance Services</p> <p>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.</p>			
	<p>Application is for</p> <p><input type="checkbox"/> Higher Risk Personal Appearance Services Transfer Fee \$</p>			
<p>If applicant is a company, insert company name and ACN / ARBN</p> <p>If applicant is a Company/Corporation, director's names must be included.</p>	<p>Transferee/s details</p>			
	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Company name</td> <td style="width: 30%;">ACN / ARBN</td> </tr> </table>		Company name	ACN / ARBN
	Company name	ACN / ARBN		
	<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) <input type="text"/></p>			
	<p>Family name</p>			
	<p>Given names</p>			
	<p>Position</p>			
	<p>Has the proposed transferee¹ 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 proposed transferee 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 proposed transferee 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>HealthRegulation1996 or Public Health Regulation 2005</i>?</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>I /We declare the information provided in this application to be true and correct.</p>			
	<p>Signature</p>	<p>Date</p>	<p><input type="text"/> / <input type="text"/> / <input type="text"/></p>	
	<p><small>1 Includes a corporation's executive officer.</small></p>			
<p><small>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.</small></p>				
<p><small>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>.</small></p>				

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Authorised By: Manager Environmental Health Services

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If Transferor/s is a company, insert company name and ACN / ARBN	Transferor/s details		
	Company name		ACN / ARBN
	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> ..	Other (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Family name		
	Given names		
	Position		
	I hereby consent to the transfer of this licence to the proposed transferee listed in this application.		
	Signature	Date	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Other (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Family name		
	Given names		
	Position		
I hereby consent to the transfer of this licence to the proposed transferee listed in this application.			
Signature	Date	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Licence No.			
Select as applicable.	Contact details		
	<input type="checkbox"/> Business		<input type="checkbox"/> Private
	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"/> <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"/>
Fixed Premises Business name must be registered with the Office of Fair Trading. If more than one premises, please attach additional information to this form. Real property description – refer to Rates Notice	Business details (Transferee to Complete)		
	Business name		BN <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"/>
	Company name		ACN / ARBN
	Street 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"/>
	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 person		
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
Lot no.	Reg. plan no.	Parish	

Higher Risk Personal Appearance Services Licence No.	Licence No.		
	Description of the premises (eg vehicle, caravan details)		
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"/>
Lodgement Please attach the following: 1. A plan drawn to scale, 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 should be included. 2. Full explanation of selected box/es in the Applicant details section (if applicable). 3. Additional premises details (if applicable).			
Please note: This application and fee MUST be lodged with Council.			
Office use only			
Fee		Registration no.	
Receipt code		ID no.	
Authorized Officer		Inspection date	
Recommendation			
			Rec. no.
Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Account property no.		