

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

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



Enquiries: 1300 22 55 77
Address: PO Box 1860
Rockhampton Qld 4700
Email: enquiries@rrc.qld.gov.au

PRIVACY NOTICE

Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of assessing the application for continued operation of a licensable premise. The Council is authorised to do this under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. Mobile premise information may be given to other Queensland Local Government authorities to notify of existing approvals. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

APPLICANT DETAILS

Applicant's Name (Individual, Partnership, Company)

Postal Address

Contact Phone

Mobile

Email

Manager's Name

Contact Phone

LICENCE DETAILS

Licence Number

Trading Name

Location of Fixed Premise or Mobile Premise Details (including vehicle Registration No.)

Registered Vehicle Owner

Contact Phone

Will the Infection Control Guidelines be followed?

Yes

No *

* If No, attach details of the processes that do not comply.

*Please see page 2 for payment options.

OFFICE USE ONLY	Date Received:	Licence No:
	Customer Service Officer:	Application Fee: \$ GST Exempt

AMENDMENT DETAILS

If the amendments involve changing the location of the premises or adding additional premises, the following must be attached with this application:

- Plans to a scale of 1:50 or greater.
- Details of premise layout
- Location of plumbing fixtures
- Details of all surface finishes
- Identification of dirty and clean areas

State the requested Amendments to the Licence

DECLARATION

I hereby apply for approval of the listed amendments of the Licence to Carry on Business Providing Higher Risk Personal Appearance Services as detailed in this application.


Name *(Individual or Organisation)*

Position *(Proprietor, Director, Manager)*

Signature

Date: / /

PAYMENT OPTIONS

 MAIL – Complete and sign the form and make your cheque/money order payable to ‘Rockhampton Regional Council’ and mail to PO Box 1860, Rockhampton QLD 4700.



IN PERSON – You can pay the account at Council’s Customer Service Centre:
232 Bolsover Street, Rockhampton;
32 Hall Street, Mount Morgan;
1 Ranger Street, Gracemere;
70 Anzac Parade, Yeppoon.



TELEPHONE – Call 1300 22 55 77 (or from outside Australia call +61294235551) any time to pay with MasterCard or Visa. Please quote the Licence Number shown on the front of this notice. Payment will only be taken if completed documentation has been forwarded to Council.