

# Maranoa Regional Council

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

## Higher Risk Personal Appearance Services - Amendment

### Application to amend 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 Amendment

Fee \$ \_\_\_\_\_

#### Applicant/s details

If applicant is a company,  
insert company name and  
ACN/ARBN

Company name \_\_\_\_\_ ACN/ARBN \_\_\_\_\_

Title Mr  Mrs  Ms  Miss  Other (specify)

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

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Position \_\_\_\_\_

I being a current licence holder hereby make application to amend this licence.

Signature \_\_\_\_\_ Date  /  /

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Position \_\_\_\_\_

I being a current licence holder hereby make application to amend this licence.

Signature \_\_\_\_\_ Date  /  /

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 the Dept of Justice and Attorney-General.

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.

Higher Risk Personal Appearance Services Licence No.

Mobile Premises

**Business details**

Business name BN

If the amendments involve changing the location of the premises shown on the licence, or adding additional premises, please complete the following

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
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Licence no.

Description of the premises (eg vehicle, caravan details)

Vehicle registration no.

Address where the mobile premises may be inspected

Locality / Suburb State  Postcode

**Amendments**

Provide details of proposed amendments

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**Lodgement**

Please attach the following if amendments involve changing the location of the premises or adding additional premises:

1. A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed premises. Details including bench surface material, location of hand basin, etc should be included.
2. Additional premises details (if applicable).

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