

Personal Appearance Services Licence



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

Application Type

- New Licence** – Complete section 1, 2, 3, 4, 9 & 10
(you must complete the Design Approval form prior to applying for your licence)
- Amendment** – Complete section 1, 3, 5, 6 & 10
- Transfer** – Completed section 1, 2, 3, 4, 7, 9 & 10
- Surrender** – Complete section 1, 3, 8 & 10

1. Licensee Details

Title: Mr Mrs Ms Miss

Given name(s)

Surname

Company (if applicable)

ABN

Postal address

Suburb

Postcode

Phone (W) (H)

Mobile

Email address

Please note the email address listed above will be used for the delivery of your renewal notice and inspection report. Text message reminders will also be sent to the above mobile number. It is important these remain up to date at all times. If you would prefer to receive your renewal notice via post, please advise Council's Health & Environment Unit in writing.

2. Certificate of Licence

Who is to be listed on the Certificate of Licence?

- Company Person

The Licensee must be a legal entity e.g. Person(s) or Company. A business name, trust or shop name is not a legal entity and cannot hold the licence.

3. Business Details

Existing Licence Number

TA

Business Name

Address

Suburb

Postcode

Business Phone

If Mobile Premises, Please include:

Registration

Make and Model

Location of Vehicle

4. Proposed Application

What are the specific licence activity categories?

Tick all that apply:

- Tattooing Scarring or cutting Body Piercing
- Tattoo Removal (involving skin penetration)
*not tattoo removal by laser
- Implanting natural or synthetic substances

Have all persons providing a higher risk personal appearance service completed the required Infection Control Qualifications?

- Yes No

If Yes, Attach copies of the Statement of Attainment

If no, All staff must have the required Infection Control Qualification before opening

5. Amendment to Licence

Are you applying for an Amendment to Licence?

Note: You already hold the licence and plan on making alterations to the operations/premises.

- Yes No

Give details of proposed amendments, e.g. changes to conditions, services or alteration to approved plan

Office Use Only

TA number

CSC

Amount

Date

Receipt

CSHE024- 11/07/2019

CREDIT CARD DETAILS – VISA / MASTERCARD ONLY

Charge amount \$

Expiry

 /

Card holder name

Card number

Signature

Information Privacy Act 2009 – Redland City Council is collecting your personal information in order to process this application. The information will only be used by authorised Council Officers for the purpose of the personal appearance services licence application and ensuring our records are accurate. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

Further Information

6. Amendment Plan Requirements

- One (1) copy of all plans drawn to scale 1:100 or 1:200, with elevations and details not more than 1:50
- floor plan showing all fittings, fixtures and equipment
- site plan showing location of site in relationship to surrounding land uses
- all plans not larger than A3 and clearly legible

7. Transfer of Licence

Are you applying for a Transfer of licence?

- Yes No

If **yes**, you must apply for a new licence.

If **no**, current Licensee must complete sections 1, 8 & 10 on a separate form.

Licence Transfer Fee \$355.00

(Schedule of Fees and Charges 2019/2020)

This fee is for approval of Personal Appearance Licence Transfer application **ONLY**. Once approved, a pro-rata licence fee will be charged based on your annual renewal fees.

8. Surrender of Licence

Are you surrendering your licence?

- Yes

Date ceased operation:

Note: The licence that is to be surrendered must accompany this application.

9. Applicant Suitability Statements

Have you ever been convicted or found guilty of an offence against the *Public Health (Infection control for Personal Appearance Services) Act 2003*, the *Health Act 1937* or a corresponding Australian or foreign law?

- No Yes - If Yes, provide details in an attachment

Have you ever had a licence, or licence and registration under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, the *Health Act 1937* or a corresponding Australian or foreign law, cancelled, suspended or refused?

- No Yes - If Yes, provide details in an attachment

10. Licensee Declaration

I hereby certify that the above information is true and correct.

Full Name

Signature

Date