

## APPLICATION FOR HIGHER RISK PERSONAL APPEARANCE SERVICES

### APPLICATION TYPE

For application fees, refer to the Schedule of Fees and Charges on Council's website.

**Tick the item below that applies to this application:**

- New licence application
- Amendment to an existing licence
- Transfer of an existing licence
- Replacement of an existing licence
- Design & Fit-Out (with plan assessment)

### APPLICANT DETAILS

Applicant Name			
Position Held			
Contact Phone Number/s			
Email Address			

### BUSINESS DETAILS

Trading Name of Business			
Company			
Director/s			
ABN		Health Number	
Postal Address			
Contact Phone Number/s			
Email Address			

### VENDOR DETAILS

This section is to be completed if purchasing a pre-existing business. The details for the previous licensee are to be completed.

Trading Name of Business			
Company			
Director/s			
ABN		Health Number	
Postal Address			
Contact Phone Number/s			
Email Address			

### PREMISE DETAILS

<b>Shop Name</b>	
<b>Shop No.</b>	
<b>Street address of Premises</b>	

State the process or processes involving the penetration of the skin of living human beings which is or are intended to be carried out in the establishment.


### PLAN REQUIREMENTS

Plans are required to be submitted with this application. Two copies of the following plans (drawn to scale not less than 1:50) must be provided:

- Floor plans including treatment and preparation areas.
- Elevations of treatment station.
- Any technical reports or other information such as brochures or photos can be attached to accompany the plans.

### COMPETENCY

Provider of Higher Risk Personal Appearance Services must provide a Statement of Attainment of the competency Standard HLTIN402B (or HLTIN2A) – Maintain Infection Control Standards in Office Practice Settings.

### APPLICANT DECLARATION

Have you ever had a licence refused, suspended or cancelled, or been found guilty of an offence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or *Health Regulation 1996* or corresponding law in other States or Territories?

- Yes
- No

- I am aware that it is an offence to knowingly provide false or misleading information.
- I understand that if the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.
- I declare the information provided by me in this application is true and correct.
- I have attached the required supporting documentation to this application.

<b>Name</b>			
<b>Signature</b>		<b>Date</b>	

**Privacy Notice:** Mareeba Shire Council is collecting applicant details in accordance with section 32(1)(a) of the *Public Health (Infection Control for Personal Appearance Services) Act 2003* (Qld) in order to assess your application for licence to carry on business providing higher risk personal appearance services. This information will only be accessed by Council employees and other persons authorised under the *Public Health Act 2003* (Qld). Your information will not be given to any other person or agency unless you have given us permission or we are required by law.