

APPLICATION FOR HIGHER RISK PERSONAL APPEARANCE SERVICES

Application for (Tick the item below that applies to this application)

Please note: Council has thirty (30) days to assess your application and supporting documents

- 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

Full Name (Proprietor/s) or Company Name (must include Pty Ltd)			
Position Held			
Contact Phone Number/s			
Email Address			

BUSINESS DETAILS

Trading Name of Business			
Company			
Director/s			
ABN		Health Number	
Postal Address (All Licences/Renewal Notices will be posted to this 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

Shop Name

Shop No.

Street address of Premises

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.

Name

Signature

Date

Privacy Notice: Mareeba Shire Council is collecting your personal information in accordance with the *Public Health (Infection Control for Higher Risk Personal Appearance Services) Act 2003*, for the purpose of processing your application. If you choose not to provide your personal information, the application may not be approved. Your personal information will only be accessed by authorised Council employees. Your personal information will not be used for any other purpose or disclosed to any other person or entity unless you have given us permission, or we are required by law. Please refer to Council's QPP Privacy Policy for further information on access or correction of personal information held by Council.