

## Application for Higher Risk Personal Appearance Service

See Schedule of Fees and Charges - Environmental Health & Local Laws - Renewable 30 June each year

<input type="checkbox"/>	Design & Fit Out (with plan assessment)		<input type="checkbox"/>	New licence application	
<input type="checkbox"/>	Amendment to an existing licence		<input type="checkbox"/>	Transfer of an existing licence	
<input type="checkbox"/>	Replacement				

### Section 1 - Applicant's Details *(Please print)*

Family Name:

Family Name:

Given Names:

Given Names:

Signature:

Signature:

Position:

Position:

Date:

Date:

### Section 2 – Business Details *(Please print)*

Trading Name of Business:

Company:

Director/s name:

ABN:

Health Number:

Postal Address:

Locality / Suburb:

State:

Postcode:

Telephone:

Mobile:

Facsimile:

Email:

### Section 3 – Vendor Details *(Please print)* To be filled out if purchasing pre-existing business. The details for the previous licensee are to be completed

Trading Name of Business:

Company:

Director/s name:

ABN:

Health Number:

Postal Address:

Locality / Suburb:

State:

Postcode:

Telephone:

Mobile:

Facsimile:

Email:

**Section 4 – Premise Details** *(Please print)*

Shop Name:

Street Address of Premises:

Shop Number:

Locality / Suburb:

State:

Postcode:

Business Phone:

Business Fax:

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.

**Section 5 – 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

Plans have been included:  Yes No**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.

**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 of Territories?

Yes  No 

I am aware that it is an offence to knowingly provide false or misleading information.

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.

Name:

Signature:

Date:

**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.

Licence No:	Receipt No:	Amount Paid:	Date:	Cashier Initial: