

Application for a Personal Appearance Services Licence

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

2018/19

You **MUST** complete **ALL RELEVANT** questions. Incomplete forms or forms without all necessary information and documentation will result in your application not being a properly made application.

For all applications, you must:

- complete this form
- complete any other forms relevant to your application
- provide any supporting information /documentation required
- submit with applicable fee

New premises must include **Plans** and **Specifications**

| | | | |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| NEW LICENCE | <input type="checkbox"/> | TRANSFER LICENCE | <input type="checkbox"/> |
| AMENDMENT TO LICENCE | <input type="checkbox"/> | COPY OF CERTIFICATE | <input type="checkbox"/> |

Applicant details

| | |
|---|--|
| Name/s (Individual or Company) | |
| Trust Name <i>(if applicable) as trustee for</i> | |
| Date of Birth | |
| For companies: Director Name/s | |
| ABN | |
| Contact name | |
| Contact number/s | |
| Email | |
| Address | |
| Postal address | |

Business details

| | | |
|---|-----------------|--------------------------|
| Trading name | | |
| Business address | | |
| Business contact number/s | | |
| Business contact email/s | | |
| Activity <i>eg Tattoo; Piercing; Scarification; Implants</i> | | |
| Real property description | Lot # | Registered plan # |
| Mobile premises | Yes / No | Registration # |

List all persons carrying out Personal Appearance Services at the premises

| | |
|-------------------|--|
| Operator 1 | |
| Operator 2 | |
| Operator 3 | |

Please attach list if more than 3 operators

| | | | | |
|--|-----------------------|----|----------------------|---|
| OFFICE USE ONLY PAYMENT DETAILS Rec Type T163 New T80 Existing | Payment Amount | \$ | Date | |
| | Receipt Number | # | Health Number | # |

Suitability of the Applicant to hold a Licence

| | |
|---|----------|
| Has the applicant ¹ been convicted (or found guilty) of any of the following offences ² ? <ul style="list-style-type: none"> An indictable offence (Drink driving and minor traffic offences are not indictable offences) An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law³ An offence against the <i>Health Act 1937</i> or an Australian or foreign law regulating the same subject matter as that Act An offence, relating to the provision of personal appearance services, against an Australian or foreign law | Yes / No |
| Has the applicant held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , or a licence or registration under a corresponding law, which was suspended or cancelled? | Yes / No |
| Has the applicant been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , or a licence or registration under a corresponding law including the <i>Tattoo Parlour Act 2013</i> ? | Yes / No |
| Has the applicant had an application for the registration of an establishment refused under the <i>Health Regulation 1996</i> ? | Yes / No |
| Has the applicant had an application for the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996</i> ? | Yes / No |

¹ Includes a corporation's executive officer. ² You are not required to give details of convictions for which the rehabilitation period under the Criminal Law (rehabilitation of Offenders) Act 1986 has expired and is not revived under section 11 of that Act. ³ A "corresponding law" is an Australian or foreign law that provides, or provided, for the same matters as the Public Health (Infection Control for Personal Appearance services) Act 2003

Transfer of existing licence only

I / We being the current holder of Licence number noted and issued under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, apply for transfer of the licence to the proposed transferee as listed as the "Applicant" under Applicant details of this application

Current Licence Holder

| | |
|-----------|-----------|
| Name | Phone |
| Licence # | Signature |
| | Date |

Proposed Licence Holder

| | |
|-----------|-------|
| Name | Phone |
| Signature | Date |

Amendment details

| | |
|-----------------------|--|
| Name | |
| Health Licence Number | |
| Details of Amendment | |

Checklist, Fee Schedule & Declaration

| | |
|---|---|
| Have you provided copies of Competency Certificates? | Yes / No |
| Have you included the appropriate Fees? | Yes / No |
| Fee Schedule: Licence Full Year All licences expire annually on 30 September | New Licence \$ 364 |
| | Transfer of Licence \$ 182 |
| | Minor Amendment to Licence No Charge |
| | Major Amendment to Licence \$182 |
| | Copy of Certificate No Charge |

I / We declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application

| | | |
|-------------------|------------------|-------------|
| PRINT NAME | SIGNATURE | DATE |
|-------------------|------------------|-------------|

Cairns Regional Council – Information Privacy Statement

Your personal information has been collected for the purpose of assessing your Application. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.