

# Central Highlands Regional Council – Emerald



Blackwater     Capella     Emerald

65 Egerton Street, Emerald  
 PO Box 21,  
 Emerald QLD 4720  
 Telephone 1300 242 686    Facsimile 1300 242 687

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

## Higher Risk Personal Appearance Services Licence

### Application for a Licence to Carry on Business Providing Higher Risk Personal Appearance Services

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

#### Application is for

Application Fee \$ \_\_\_\_\_  
 Higher Risk Personal Appearance Services License Fee \$ \_\_\_\_\_  
 Transfer Fee \$ \_\_\_\_\_

#### Applicant/s details

If applicant is a company, insert company name and ACN/ARBN.

Company name ACN/ARBN

Title      Mr     Mrs     Ms     Miss     Other (specify)

If applicant is a Company/Corporation, director's names must be included.

Family name  
 Given names  
 Position

If you select any of the boxes, please attach a full explanation to this application on a separate sheet.

Has the applicant<sup>1</sup> been convicted (or found guilty) of any of the following offences<sup>2</sup> :

- An indictable offence (drink driving and minor traffic offences are not indictable offences);
- An offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or a corresponding law<sup>3</sup>;
- An offence against the *Health Act 1937* 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.
- Has the applicant held a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law, that was suspended or cancelled?
- Has the applicant been refused a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law?
- Has the applicant had an application for the registration of an establishment refused under the *Health Regulation 1996*?
- Has the applicant had the registration of an establishment suspended or cancelled under the *Health Regulation 1996*?

Signature Date  /  /

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*.

<b>Select as applicable.</b>	<b>Contact details</b>		
	<input type="checkbox"/> Business	<input type="checkbox"/> Private	
	Contact person		
	Postal address		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Email _____

<b>Fixed Premises</b> Business name must be registered with the Office of Fair Trading. If more than one premises, please attach additional information to this form.  If applicant is a company insert registered address of Company/Corporation.  Enter postal address if different from street address.  Real property description – refer to Rates Notice.	<b>Business details of proposed premises</b>		
	Business name		BN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Street address		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Postal address (for service of documents)		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Email _____	
Lot no.	Reg. plan no.	Parish	

<b>Mobile Premises</b>	Description of the premises (eg vehicle, caravan details)		
	Vehicle registration no.		
	Address where the mobile premises may be inspected		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
State the type of higher risk personal appearance services you intend to provide:			

<b>Lodgement</b>	
Please attach the following:	
1.	A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed fixed and/or mobile premises. Details including bench surface material, location of hand basin, etc should be included.
2.	Full explanation of selected box/es in the Applicant details section (if applicable).
3.	Additional premises details (if applicable).

Privacy Statement  
 Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. This information will not be disclosed to a third party unless you have given your written consent or we are required to do so by law. For more information about privacy in Central Highlands Regional Council see our Privacy Plan on our website.

**Please note: This application and fee MUST be lodged with your Council.**

Application fee		License No.	
Receipt code	455 (SKINPENTRA)	ID no.	
GL Ledger No	2100.0105.0086	Inspection date	
Recommendation			
			Rec. no.
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account property no.	