

# Central Highlands Regional Council



Blackwater     Capella     Emerald  
 Springsure     Other- Please Specify: \_\_\_\_\_

65 Egerton Street, Emerald  
PO Box 21,  
Emerald QLD 4720

Telephone: 1300 242 686      Facsimile: 1300 242 687

Email: [enquiries@chrc.qld.gov.au](mailto:enquiries@chrc.qld.gov.au)

Website: [www.chrc.qld.gov.au](http://www.chrc.qld.gov.au)

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

## Higher Risk Personal Appearance Services Application

### 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 Licence	Fee \$
Transfer	Fee \$

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

#### Applicant/s Details

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

Family name
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Given names
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Position
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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
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- 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*.

#### 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.

Select as applicable.	<b>Contact Details</b>		
	<input type="checkbox"/> Business	<input type="checkbox"/> Private	
	Contact person		
	Postal address		
	Locality / Suburb	State	Postcode
	Contact ph.	Mobile	
Contact fax	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.	<b>Business details of proposed premises</b>		
	Business name	ABN	
	Street address		
	Locality / Suburb	State	Postcode
	Postal address (for service of documents)		
Locality / Suburb	State	Postcode	
Contact ph.	Mobile		
Contact fax	Email		

Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
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<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	Postcode
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).

<b>Office Use Only</b>			
Renewal Fee		Receipt No.	
Invoice Number		Licence No.	
Date			