

Higher Risk Personal Appearance Services

PRIVACY NOTICE: SOUTH BURNETT REGIONAL COUNCIL IS COLLECTING YOUR PERSONAL INFORMATION FOR THE PURPOSE OF PROCESSING THIS FORM. COUNCIL WILL RETAIN THESE DETAILS FOR THE PURPOSE OF CONTACTING YOU WITH REGARDS TO ANY COUNCIL RELATED MATTERS. YOUR PERSONAL DETAILS ARE HANDLED IN ACCORDANCE WITH THE *INFORMATION PRIVACY ACT 2009* AND WILL BE USED FOR THE PURPOSES OF RESPONDING TO YOU AND WILL NOT BE DISCLOSED TO ANY OTHER PERSON OR AGENCY EXTERNAL TO COUNCIL WITHOUT YOUR CONSENT, UNLESS REQUIRED OR AUTHORISED BY LAW.

If you have any specific enquiries regarding how to complete this form or applicable fees please contact Council. Please complete this application in BLOCK LETTERS and tick boxes where applicable. If a question does not apply, please indicate by writing "n/a".

Application is for

- Higher Risk Personal Appearance Services New Licence
- Amendment to Licence Existing Licence Number: _____
- Transfer of Licence

Applicant/s Details

Individual's Full Name or Company/Proprietor. Please note: A trading name or trust is not a legal entity and cannot hold a licence.	
Company Name:	ACN/ARBN
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) <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"/>
If applicant is a Company/Corporation, director's names must be included.	
Family name	
Given names	
Position	
Family name	
Given names	
Position	
If you select any of the boxes, please attached a full explanation to this application on a separate sheet.	

Has the applicant¹ been convicted (or found guilty) of any of the following offences²

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	An indictable offence (drink driving and minor traffic offences are not indictable offences);
<input type="checkbox"/>	<input type="checkbox"/>	An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law ³
<input type="checkbox"/>	<input type="checkbox"/>	An offence against the <i>Health Act 1937</i> or an Australian or Foreign law regulating the same subject matter as that Act;
<input type="checkbox"/>	<input type="checkbox"/>	An offence, relating to the provision of personal appearance services, against an Australian or Foreign law.
<input type="checkbox"/>	<input type="checkbox"/>	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, that was suspended or cancelled?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant had an application for the registration of an establishment refused under the <i>Health Regulation 1996</i> ?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant had the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996</i> ?
<input type="checkbox"/>	<input type="checkbox"/>	Have you applied for a licence or permit under the <i>Tattoo Industry Act 2013</i> (previously <i>Tattoo Parlours Act 2013</i>)? For further information, including licences under the <i>Tattoo Industry Act 2013</i> , please contact the Department of Justice and Attorney-General, Office of Fair Trading.

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*

Contact Details

Business 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"/>	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"/>
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"/>	Email

Business Details Of Proposed Premises

Fixed Premises Business name must be registered with the Office of Fair Trading. If more than one premises please attach additional information to this form.

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"/>
<i>If applicant is a company insert registered address of Company/Corporation</i>	
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 documentation)	
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"/>	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"/>
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"/>	Email

Real Property Description (refer to Rates Notice)

Lot No.:	Reg Plan No:	Parish:
<i>Note: For Mobile Premises</i>		
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:

Lodgement

Please attach the following:

1. 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 detail (if applicable).

Please Note: This application and fee MUST be lodged with your Council

Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>