



Personal Appearance Services Licence Application

New, Amendment, Transfer or Replacement

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

Please refer to Council's website and search for 'Personal Appearance Services Licence' for more information before completing and submitting your application.

Applications that are incomplete will not be accepted.

Application Type

MANDATORY

NOTE: You are required to select one application type from question 1 to 4.

1 Are you applying for a **New Licence**?

NOTE: Premises have not previously been approved for this purpose, a previous approval has lapsed, or you intend to take over a business and plan to significantly alter the premises or operation.

No ☐ **Go to 2**Yes ☐ **Go to 5**

2 Are you applying for an **Amendment to Licence**?

NOTE: You already hold the licence and plan on making changes to the operation.

No ☐ **Go to 3**Yes ☐ Complete **9 to 25** then go to **29**.

3 Are you applying for a **Transfer of Licence**?

NOTE: You are taking over an existing licence and the premises have a current licence, no changes to the operation have been made and you have obtained the current licence holder's written consent.

No ☐ **Go to 4**Yes ☐ Enter existing Licence no. **Complete 9 to 25 then go to 32.**

4 Are you applying for a **Replacement of Licence**?

No ☐ **Stop!** You must select one application type from **1 to 4**Yes ☐ **Go to 9**

5 What is the premises type?

NOTE: If you are providing personal appearance services from a fixed as well as mobile premises, tick both boxes.

Fixed ☐ You are required to complete an individual application for each fixed premisesMobile ☐ Give details

Registration no.	Make, e.g. Ford, Toyota
<input type="text"/>	<input type="text"/>
Model, e.g. Hiace, Tarago	Colour
<input type="text"/>	<input type="text"/>

6 Have you obtained Prelodgement Advice or submitted a Design Requirements Advice?

No ☐ **Go to 7**Yes ☐ Enter Reference no.

Office Use Only

DART Application no.

DART Permit no.

7 What is the official address where the activity will be carried out? If you are unsure, please confirm by contacting the landowner or alternatively Council on (07) 3403 8888.

This address **cannot** be a post office box.

Unit no.	Street no.	Street
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb		Postcode
<input type="text"/>		<input type="text"/>

8 Real Property Description

Not applicable for a Mobile Business

The RPD is listed on the rate account. If you are unsure, please confirm by contacting the landowner or alternatively Council on (07) 3403 8888.

Lot	Plan
<input type="text"/>	<input type="text"/>
Lot	Plan
<input type="text"/>	<input type="text"/>

Applicant Details

9 Who is applying for the licence?

Corporation/Incorporated Association ☐ **Go to 15**Individual(s) ☐ **Go to next question**

10 Individual(s) name(s)

Individual 1

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Surname/Family name				
<input type="text"/>				
First and Middle name(s)				
<input type="text"/>				

Individual 2

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Surname/Family name				
<input type="text"/>				
First and Middle name(s)				
<input type="text"/>				

11 Business/Trading name (If applicable)

12 Individual(s) postal address

Postcode

13 Individual(s) contact details

Phone number
()
Fax number
()
Mobile number
E-mail address

14 What is your ABN?

Any person who conducts a business is required to have an ABN.

:	:	:	:
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15 Is a Corporation/Incorporated Association applying for the certificate? A business name is not a legal entity and **cannot hold the certificate.**

No ☐ **Go to 21**

Yes ☐ **Go to next question**

16 Corporation/Incorporated Association name, e.g. *Queensland Best Pty Ltd* or *My Company Ltd*

17 Contact person's name *MANDATORY*

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18 Corporation/Incorporated Association postal address

Postcode

19 Corporation/Incorporated Association contact details

Phone number
()
Fax number
()
Mobile number
E-mail address

20 What is your Corporation/Incorporated Association's ABN?

Any organisation who conducts a business is required to have an ABN.

:	:	:	:
---	---	---	---

21 What is the **registered address of the business?**

This is the address where you can receive legal documents. This may be the same address as the location of the activity.

*A post office box **cannot** be a registered address.*

Postcode

22 Is an Agent/Consultant assisting you with this application?

*This person will receive correspondence in relation to the application, but **will not** be listed as the licence holder or receive future correspondence such as renewal notices.*

No ☐ **Go to 26**

Yes ☐ **Go to next question**

23 Agent/Consultant's name

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24 Agent/Consultant's address

Postcode

25 Agent/Consultant's contact details

Business hours phone number
()
Business hours fax number
()
Mobile number
E-mail address

New Licence**26 Are you applying for a **New Licence**?**

No ☐ **Go to 29**

Yes ☐ **Go to next question**

27 What are the specific licence activity categories?

Tick ALL that apply

Tattooing (including cosmetic and semi-permanent) ☐

Tattooing removal (excluding laser tattoo removal) ☐

Scarring or cutting ☐

Body piercing (excluding nose or ear piercing using closed piercing equipment) ☐

Implanting natural or synthetic substances (e.g. cosmetic injectables such as, anti-wrinkle injections, fillers, hair or beads) ☐

Other ☐

28 Have all persons providing a higher risk personal appearance service the required Infection Control Qualifications?

NOTE: Since 1 July 2005, only persons who have obtained the required Infection Control Qualification issued by an accredited training provider can provide a higher risk personal appearance service. If you have not yet employed your staff, you will be required to provide copies of the Statement of Attainment prior to commencing your activity.

No ☐ All staff must have the required Infection Control Qualification

Yes ☐ Attach copies of the Statement of Attainment

Amendment to Licence

29 Are you applying for an **Amendment to Licence**?

No ☐ **Go to 32**

Yes ☐

(1) Enter existing Licence no.

(2) Add new locations or make changes to existing approved plans.

► **Go to 30**

(3) Add new activities to existing licence - Give details of proposed amendments below, e.g. *changes to conditions, services or alteration to approved plan*, then ► **Go to 35**.

30 What is the official address where the new/amended activity will be carried out?

If you are unsure, please confirm by contacting the landowner or alternatively Council on (07) 3403 8888.

*This address **cannot** be a post office box.*

Unit no.	Street no.	Street
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb		Postcode
<input type="text"/>		<input type="text"/>

31 Real Property Description

The RPD is listed on the rate account. If you are unsure, please confirm by contacting the landowner or alternatively Council on (07) 3403 8888.

Lot	Plan
<input type="text"/>	<input type="text"/>
Lot	Plan
<input type="text"/>	<input type="text"/>

Transfer of Licence

32 Are you applying for a **Transfer of Licence**?

NOTE: The current licensee must consent to the transfer of the licence to the applicant.

It is strongly recommended to obtain an Inspection Report (pre-sale report) prior to applying for a transfer, as this report will indicate any outstanding issues with the current licence.

Please contact Council on (07) 3403 8888 for more information about an Inspection Report.

No ☐ **Go to 34**

Yes ☐ **Go to 33**

33 Has there been any alterations/modifications to the existing operation?

No ☐ **Licence Holder's consent required**

Yes ☐ **You cannot apply for a Transfer of Licence**

Current Licensee's name *Individual or organisation*

Name of signatory *If Licensee is an organisation*

Position *Proprietor, Director, Manager*

Signature

Date

Replacement of Licence

34 Are you applying for a **Replacement of Licence**?

No ☐ **Go to 35**

Yes ☐ Enter existing Licence no.

Give details:

Declaration and Signature

MANDATORY

NOTE: *You are required to complete this section before submitting your application.*

- 35** Have you ever been convicted or found guilty of an indictable offence?

No ☐

Yes ☐ Give details in an attachment

- 36** Have you ever been convicted or found guilty of an offence against the Public Health (Infection Control for Personal Appearance Services) Act 2003, the Health Act 1937 or a corresponding Australian or foreign law?

No ☐

Yes ☐ Give details in an attachment

- 37** Have you ever had a licence, or licence and registration under the Public Health (Infection Control for Personal Appearance Services) Act 2003, the Health Act 1937 or a corresponding Australian or foreign law, cancelled, suspended or refused?

No ☐

Yes ☐ Give details in an attachment

38 Completion checklist/Plan requirements

The checklist is used by the applicant to make sure that the application is complete and by Council officers to quickly assess if all vital elements of the application have been included.

Plans are required for any new premises where the activity has not been previously approved or where any significant alterations are proposed. Plans are not required for transfers, an Inspection Report Request or an Amendment of Licence not involving structural alterations.

Where you are required to attach additional information and plans, these need to conform to the following requirements or in the Personal Appearance Services Licence Guide.

- two copies of all plans drawn to scale 1:100 or 1:200, with elevations and details not more than 1:50
- floor plan showing all fittings, fixtures and equipment
- site plan showing location of site in relationship to surrounding land uses
- all plans not larger than A3 and clearly legible

Technical reports and other information such as brochures or photos can be attached as necessary to accompany the plans.

Tick ALL that apply

Personal Appearance Services

Licence Application fee enclosed or paid ☐

Two sets of plans to scale - max size A3 ☐

Copies of infection control qualification ☐

Attachments relating to suitability statements required if answering 'yes' to questions 35, 36 and 37 ☐

Office Use Only

39 Applicant's declaration and signature

If you are supplying commercially sensitive or confidential information please ensure you mark such information clearly.

If the application is made by a corporation or an 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 an incorporated association.

I understand that the information provided in and with this application may be disclosed publicly under the *Freedom of Information Act 1992 and the Evidence Act 1977*.

I confirm all information provided in and with the application is true and correct to best of my knowledge.

Applicant 1

Name of Individual/Corporation/Association/other Organisation

Name of signatory *If applicant is an organisation*

Position *Director/President/Treasurer/Secretary etc if applicant is a Corporation/Association/other Organisation*

Signature

Date

Applicant 2 *If applicable*

Name of Individual/Corporation/Association/other Organisation

Name of signatory *If applicant is an organisation*

Position *Director/President/Treasurer/Secretary etc if applicant is a Corporation/Association/other Organisation*

Signature

Date

Application lodgement options

By mail:

Return completed application to:

**Brisbane City Council
GPO BOX 1434
BRISBANE QLD 4001**

In person:

Applications can only be lodged at the Regional Business Centres

For further information

Please contact Brisbane City Council on **133 BNE (133 263)** or visit Council's website at **www.brisbane.qld.gov.au**.