



Personal Appearance Services Licence Application

New, Amendment, Transfer or Replacement

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

Please read the Personal Appearance Services Licence Guide before completing and submitting your application. Applications that are incomplete will not be accepted.

Office Use Only

DART Application no.

DART Permit no.

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 significant alterations to the operation.

No **Go to 3**

Yes **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 Existing Licence no.

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

No **Go to 5**

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 premises

Mobile 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 Reference 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"/>

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 Mrs Miss Ms Other

Surname/Family name

First and Middle name(s)

Individual 2

Mr Mrs Miss Ms Other

Surname/Family name

First and Middle name(s)

11 Business/Trading name *If applicable*

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

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

No Go to **32**

Yes Existing Licence no.

Give details of proposed amendments, e.g. changes to conditions, services or alteration to approved plan

30 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"/>

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"/>

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

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

No Go to **35**

Yes Existing Licence no.

Give details

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	Office Use Only
Personal Appearance Services Licence Application fee enclosed or paid <input type="checkbox"/>	<input type="checkbox"/>
Two sets of plans to scale - max size A3 <input type="checkbox"/>	<input type="checkbox"/>
Copies of infection control qualification <input type="checkbox"/>	<input type="checkbox"/>
Attachments relating to suitability statements required if answering 'yes' to questions 35, 36 and 37 <input type="checkbox"/>	<input type="checkbox"/>

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 am aware that it is an offence to knowingly provide false or misleading information.

Applicant 1

Name of Individual/Organisation or Agent/Consultant

Name of signatory *If applicant is an organisation*

Position *Proprietor, Director, Manager*

Signature

Date

Applicant 2 *If applicable*

Name of Individual/Organisation or Agent/Consultant

Name of signatory *If applicant is an organisation*

Position *Proprietor, Director, Manager*

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**.