



# 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*

**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**

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**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.*

:	:	:	:
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**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

**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

**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 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](http://www.brisbane.qld.gov.au)**.