

Barcaldine Regional Council

71 Ash Street, Barcaldine
PO Box 191,
Barcaldine QLD 4725

Telephone 07 4651 5600 Facsimile 07 4951 1778

Email admin_office@barcaldinerc.qld.gov.au

Website www.barcaldinerc.qld.gov.au



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

Higher Risk Personal Appearance Services - Amendment

Application to amend 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

Higher Risk Personal Appearance Services Amendment

Fee \$ _____

Applicant/s details

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

Company name ACN / ARBN

Title (eg. Mr, Mrs, Miss etc.)

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

Family name
Given names
Position

I being a current licence holder hereby make application to amend this licence.

Signature Date

Title (eg. Mr, Mrs, Miss etc.)

Family name
Given names
Position

I being a current licence holder hereby make application to amend this licence.

Signature Date

Contact details

Select as applicable.

Business Private

Contact person

Postal address

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email

Fixed premises

Business name must be registered with 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.

Real property description - refer to Rates Notice.

Higher Risk Personal Appearance Services Licence No.

Mobile premises

Business details

Business name	BN
---------------	----

If the amendments involve changing the location of the premises shown on the licence, or adding additional premises, please complete the following

Street address		

Locality / Suburb	State	Postcode
-------------------	-------	----------

Postal address (for service of documents)		

Locality / Suburb	State	Postcode
-------------------	-------	----------

Contact ph.	Mobile
-------------	--------

Contact fax	Email
-------------	-------

Lot no.	Reg. plan no.	Parish
---------	---------------	--------

Licence no.

Description of the premises (eg vehicle, caravan details)

Vehicle registration no.

Address where the mobile premises may be inspected

Locality / Suburb	State	Postcode
-------------------	-------	----------

Amendments

Provide details of proposed amendments

Lodgement

Please attach the following if amendments involve changing the location of the premises or adding additional premises:

1. A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed premises. Details including bench surface material, location of hand basin, etc should be included.
2. Additional premises details (if applicable).

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

Privacy Statement

The Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*) or as required by Queensland State Government.