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## Application for Transfer of Licence Higher Risk Personal Appearance Services

ABN: 45 596 234 931

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

**IMPORTANT NOTICE – Privacy Statement**

Scenic Rim Regional Council is collecting your personal information in accordance with *Public Health (Infection Control for Personal Appearance Services) Act 2003* in order to assess your higher risk personal appearance services licence transfer application. The information will only be accessed by Scenic Rim Regional Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

**Application for Transfer of Licence to Carry on Business Providing Higher Risk Personal Appearance Services:**

	<p><b>Application is for</b></p> <p><input type="checkbox"/> Higher Risk Personal Appearance Services Transfer <span style="float: right;">Fee \$</span></p>	
<p><b>If Transferee/s is a company, insert company name and ACN/ARBN.</b></p>	<p><b>Transferee/s details</b></p> <p>Company name <span style="float: right;">ACN/ARBN</span></p> <p>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"/><input type="checkbox"/><input type="checkbox"/></p>	
<p><b>If Transferee/s is a Company/Corporation, director's names must be included.</b></p>	<p>Family name</p> <p>Given names</p> <p>Position</p>	
<p><b>If you select any of the boxes, please attach a full explanation of this application on a separate sheet.</b></p>	<p>Has the proposed transferee<sup>1</sup> been convicted (or found guilty) of any of the following offences<sup>2</sup> :</p> <p><input type="checkbox"/> An indictable offence (drink driving and minor traffic offences are not indictable offences);</p> <p><input type="checkbox"/> An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law<sup>3</sup>;</p> <p><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;</p> <p><input type="checkbox"/> An offence, relating to the provision of personal appearance services, against an Australian or Foreign law.</p> <p><input type="checkbox"/> Has the proposed transferee 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?</p> <p><input type="checkbox"/> Has the proposed transferee 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?</p> <p><input type="checkbox"/> Has the proposed transferee had an application for the registration of an establishment refused under the <i>Health Regulation 1996</i>?</p> <p><input type="checkbox"/> Has the proposed transferee had the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996</i>?</p> <p>Signature <span style="float: right;">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"/></span></p>	
	<p><small>1 includes a corporation's executive officer.</small></p> <p><small>2 You are not required to give details of convictions for which the rehabilitation period under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> has expired and is not revived under section 11 of that Act.</small></p> <p><small>3 A "corresponding law" is an Australian or foreign law that provides, or provided, for the same matters as the <i>Public Health (infection Control for Personal Appearance Services) Act 2003</i></small></p>	

<b>If Transferor/s is a company, insert company name and ACN/ARBN.</b>	<b>Transferor/s details</b>	
	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"/> <input type="checkbox"/>	
	Family name	
	Given names	
	Position	
	I hereby consent to the transfer of this licence to the proposed transferee listed in this application.	
	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"/>
	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"/>	
	Family name	
Given names		
Position		
I hereby consent to the transfer of this licence to the proposed transferee listed in this application.		
<b>Higher Risk Personal Appearance Services Licence No.</b>	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"/>
	Licence no.	

<b>Select as applicable.</b>	<b>Contact details</b>	
	<input type="checkbox"/> Business	<input type="checkbox"/> 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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____

<b>Fixed Premises</b> Business name must be registered with the Office of Fair Trading. If more than one premises, please attach additional information to this form.  <b>If applicant is a company insert registered address of Company/Corporation.</b>  <b>Enter postal address if different from street address.</b>  <b>Real property description – refer to Rates Notices</b>	<b>Business details (Transferee to complete)</b>	
	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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	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"/> <input type="checkbox"/> <input type="checkbox"/>
	Postal address (for service of documents)	
	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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____
Lot no.	Plan No.	Parish

<b>Mobile premises</b>	Description of the premises (eg vehicle, caravan details)
	Vehicle registration no.
	Address where the mobile premises may be inspected
	Locality / Suburb <span style="float: right;">State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></span>
	State the type of higher risk personal appearance services that the transferee intends to provide:

### Lodgement

Please attach the following:

1. Full explanation of selected box/es in the Transferee details (if applicable).
2. Additional premises details (if applicable).

<b>OFFICE USE ONLY</b>		
Charge raised by Department	Receipt Source – Licence / Enter Licence #	
Amount: \$	Receipt #:	Date:
Details:		