



Personal Appearance Services Licence Application

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

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

1 Application type *Select ONE only*

New Licence Complete Parts A, B, C, F and G

or

Amendment to Licence Complete Parts A, D, F and G

Existing Licence no.

or

Transfer of Licence Complete Parts A, B E, F and G

Existing Licence no.

or

Replacement of Licence Complete Parts B and G

Existing Licence no.

or

Plan Assessment/Design requirements only Complete Parts A, B, C and F

Office Use Only

DART Application no.

DART Permit no.

2 Premises type

Fixed premises

Mobile premises

3 Prelodgement or Design requirement advice *Tick if applicable*

I have received previous advice in relation to this activity

Reference no.

PART A

4 Premises address *Use official address of premises location*

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

5 Real Property description

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

6 Development approval *For new permits or a change of use only*

Is a valid Development Permit for the activity in place?

Yes Reference number

Not applicable *The proposed use is exempt or self-assessable development and does not require a Development Permit.*

No *You need to determine the suitability of the site for your use. See Application Guideline 6. Severe penalties exist for unlawful uses under the Integrated Planning Act 1997.*

PART B

7 Applicant

Individual's full name *Person/s applying to be the new licensee*

Title	Surname/Family name	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

or

Organisation's full name *Organisation applying to be the new licensee*

8 ABN *Mandatory*

9 Registered address *Not a PO Box*

10 Postal address

11 Business/Trading name *If applicable*

12 Contact person's name

13 Contact details

Business phone no.	Business fax no.	Business mobile no.
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail		
<input type="text"/>		

14 Agent or Consultant *Details of person making application on behalf of the operator*

Name		
<input type="text"/>		
Address		
<input type="text"/>		
Business phone no.	Business fax no.	Business mobile no.
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail		
<input type="text"/>		

PART C

Licence specific details

15 Activity category

- Tattooing Body piercing
 Scarring or cutting Implanting natural or synthetic substances

15 Mobile premises *Only complete if your application is for a mobile activity*

Registration no.	Make	Model	Colour
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17 Infection Control Qualification

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

No **You are not able to provide a higher risk personal appearance service**

Yes **Attach copies of the Statement of Attainment issued by an accredited training provider for all persons providing this service.**

CA10010/2 (10/2005)

PART D

18 Amendment/s to Current Licence or for a Replacement of Licence Give details of proposed amendments

PART E

19 Transfer of Licence *The current licensee MUST sign this section. NOTE: If the existing premises has been modified without Council approval the licence cannot be transferred.*

Current Licensee's name *Individual or organisation*

Current Licensee's name *Individual or organisation*

Name of Signatory *If applicant is an organisation*

Position *Proprietor, Director, Manager*

Signature and date

/ /

PART F

20 Completion checklist *Required with this application* *Tick box/es*

- | | |
|---|--------------------------|
| 1. Completed and signed application form | <input type="checkbox"/> |
| 2. Correct fee paid or enclosed | <input type="checkbox"/> |
| 3. Two sets of plans to scale - maximum A3 | <input type="checkbox"/> |
| 4. Copies of infection control qualification | <input type="checkbox"/> |
| 5. Attachment relating to suitability statements required if answering 'yes' to questions in Part G. | <input type="checkbox"/> |
| 6. Development assessment - if you ticked either 'yes' or 'not applicable' to question 6, you do not need to lodge a Development Approval under the City Plan | <input type="checkbox"/> |

Office Use Only	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

NOTE: *Where your proposal involved new or altered structures, etc. you may require Building Approval, Plumbing Approval, etc. It is your responsibility to ensure you obtain all relevant approvals. A Licence under the Public Health (Infection Control for Personal Appearance Services) Act 2003 does NOT constitute approval to other aspects of your operation.*

PART G

21 Applicant's suitability statement, declaration and signature

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

No Yes [Give details in an attachment](#)

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](#)

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](#)

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.

I am aware that I must ensure that any person providing a higher risk personal appearance service must have the required infection control qualifications.

Name *Individual or organisation*

Name *Individual*

Name of Signatory *If applicant is an organisation*

Position *Proprietor, Director, Manager*

Signature and date

Lodge your completed application at any Council Regional Business Centre or mail to your nearest Centre

Council's Regional Business Centres provide localised business and community services around Brisbane to builders, developers, small business, the trades, industry and community groups. Multi-disciplinary teams service these regional offices.

In person EFTPOS available

Central Region

Brisbane Administration Centre, Level 1, 69 Ann Street, Brisbane

Mail to: Brisbane City Council, GPO BOX 1434, BRISBANE QLD 4001

East Region

Westfield Carindale, 2 Millennium Boulevard, Carindale

Mail to: Brisbane City Council, Locked Bag 50, MANSFIELD DC QLD 4122

North Region

960 Gympie Road, Chermside (opposite the Tax office)

Mail to: Brisbane City Council, Locked Bag 960, VIRGINIA DC QLD 4014

South Region

Sunnybank Hills Shoppingtown, Shop 301, Level 1, 661 Compton Road, Sunnybank Hills

Mail to: Brisbane City Council, Locked Bag 301, ACACIA RIDGE DC QLD 4110

West Region

46-56 Coonan Street, Indooroopilly (opposite roundabout)

Mail to: Brisbane City Council, Locked Bag 3046, TOOWONG DC QLD 4066

General Postal Address

Brisbane City Council
GPO BOX 1434
BRISBANE QLD 4001

CA10010/4 (10/2005)

Personal Appearance Services Licence Application Guidelines

Notes in relation to specific fields on the application

For all fields, if the space is insufficient please provide the required information in a clearly marked attachment.

1 Application type

As this form can be used for several different application types in relation to Higher Risk Personal Appearance Services, you must determine the purpose of your application. This also determines the fee payable for the application.

- Select **New Licence** where premises have not previously been approved for this purpose, or where a previous approval has lapsed. You would also select **New Licence** if you take over a business **and** plan to significantly alter the premises or operation.
- Select **Amendment to Licence** if you already hold the licence and intend on making significant alterations to the operation, eg. *changing the processes or services*.
- Select **Transfer** only where you are taking over an existing licence. The premises must have a current licence, no changes to the operation must have been made and you must obtain the current licence holder's written consent.
- Select **Plan Assessment/ Design requirements only** where you need advice on the suitability or the requirements for the design of the premises, but you are not ready to operate the Personal Appearance Service within 60 days. A licence will not be issued for this type of application.

2 Premises type

Select the appropriate box for the type of premises that you are applying for. You are required to complete an individual application for each fixed premises. If you are providing personal appearance services from a fixed as well as mobile premises, tick both boxes.

3 Prelodgement or Design requirement advice

If you have previously been in contact with Council in relation to this site and have obtained Prelodgement Advice or submitted plans for assessment (Design Requirements Advice), list the reference number you were provided with.

PART A

4 Premises details

You must use the official address of the location where the activity will be carried out, and include any unit number if applicable. If you are unsure of the official (rateable) address, please confirm by contacting the landowner or alternatively phone Council on 3403 8888.

5 RPD

This is the Real Property Description, ie. *the lot and plan*, of the parcel of land. List all applicable lots, eg. *Lots 1-3 on Plan RP1234 or Lot 1 on RP1234 and lot 3 on SL4321*. The RPD is listed on the rate account, if you are unsure please confirm by contacting the landowner or alternatively phone Council on 3403 8888.

6 Development Approval

This question is not applicable for a Mobile activity.

If your proposal involves a change of the use of the site or construction or alteration of buildings, you may require a Development Permit under the City Plan (previously known as Town Plan Approval or Consent), or other approvals. **You are responsible** for investigating if your proposal requires any other approvals. To determine if you need a Development Permit please phone Council on 4303 8888 and ask to speak with a Town Planning Consultant or a Customer Liaison Officer.

You must either have a Development Permit, or know that you do not need a Development Permit for your activity. If you answer NO or you do not know the answer to this question, you need to determine the suitability of the site for your proposed use. **DO NOT LODGE THE APPLICATION AT THIS TIME.** You may not be able to legally carry out the activity.

PART A

7 Applicant's details

The primary applicant must be the person who will hold the permit and be legally responsible for the operation.

- Where the applicant is an individual, provide full name, eg. *Mr John Peter Smith*
- Where the applicant is a partnership of individuals, provide full name of all individuals, eg. *Mr John Peter Smith, Mr David Geoffrey Smith and Miss/Mrs/Ms Mary Jane Smith*
- Where the applicant is a corporation, provide full name or corporation as registered, eg. *Queensland Best Pty Ltd or My Company Ltd*. Note that a business name is not a legal entity and **cannot** be the permit holder.

8 ABN

Give your Australian Business Number here. Any person or organisation that conducts a business is issued with an ABN.

9 Registered address

This is the address of the registered office 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 office.

12 Contact person

You may wish to nominate a contact person for the application, eg. *your manager*. An organisation **must** nominate a contact person.

13 Contact details

Give the contact details where you can be reached on a daily basis during business hours.

CA10010/5 (10/2005)

14 Agent or Consultant details

If an agent or consultant is assisting you with the application, the relevant details must be supplied. This person will receive all correspondence in relation to the application, but will not be listed as the permit holder or receive future correspondence such as renewal notices. *Leave this section blank if you are not using an agent.*

PART C

Licence specific details

15 Activity category

Consult the Personal Appearance Services Licence Guide for additional description on the categories. Select all categories that apply.

16 Mobile premises

Provide detail of the vehicle here if your application is for a mobile premises.

17 Infection Control Qualification

Since 1 July 2005, only persons that have obtained the required Infection Control Qualification can provide a higher risk personal appearance service. If you are not able to provide copies of the Statement of Attainment at the time of application, eg. *if you have not yet employed your staff*, you will be required to provide these prior to commencing your activity.

PART D

18 Amendment to licence

This section is only applicable if you are requesting an amendment to your current licence. You need to clearly indicate the proposed amendment, eg. *change to conditions, services to be provided or alteration to approved plan*. Please attach supporting documentation if relevant.

PART E

19 Transfer of licence

The current licence holder must consent to the transfer of the licence to the applicant. A transfer may only be considered where there have been no alterations to the operation. 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 phone Council on 3403 8888 for more information about an Inspection Report.

PART F

20 Completion checklist

The checklist is used both 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. Please note that where you are required to attach additional information and plans, these need to conform to the requirements as listed in this guideline or in the Personal Appearance Services Licence Guide.

PART G

21 Applicant suitability, 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 an organisation, the person signing this form must occupy a position that is legally entitled to make an application on behalf of the organisation.

Notes in relation to plan requirements

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, a request for inspection report or an amendment of licence not involving structural alterations.

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

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

Please refer to Council's publication 'Personal Appearance Services Licence Guide' for detailed information about plan requirements.