

BUNDABERG REGIONAL COUNCIL
Personal Appearance Services
Licence Application

ABN 72 427 835 198

GST does not apply to these Permits

Receipt Type: 221

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

Please read the Application Guidelines before completing and submitting your application.
Applications that are incomplete will not be accepted.

1 Application type *Select ONE only*

- New Licence (as per current licence)**
For existing operation, Part E is not required unless alterations are/have been made.

Existing Licence number (if applicable)

or

- Transfer of Licence**

Existing Licence number

or

- Amendment to Licence (select ONE only)**

Existing Licence number

or

- Replacement of Licence**

Existing Licence number

or

- Plan Assessment/Design Requirements Only**

Lodge your completed application at:

Bundaberg Regional Council
Health and Environmental Services Department
190 Bourbong Street
BUNDABERG CENTRAL QLD 4670

or post to

Bundaberg Regional Council
PO Box 3130
BUNDABERG QLD 4670

2 Premises type

- Fixed Premises
 Mobile Premises

PART A

3 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"/>

4 Real Property Description

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

5 Development approval

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. Penalties exist for unlawful uses under the Integrated Planning Act 1997.

6 Building Approval

Is a valid Building Permit for the activity in place?

Yes

Reference Number

If a Private Building Certifier is used, a copy of the plans must be lodged at Council.

Not applicable. *Pre-existing use.*

7 Plumbing and Drainage Approval

Is a valid Plumbing and Drainage Approval for the activity in place?

Yes

Reference Number

Not applicable. *Pre-existing use*

8 Trade Waste Approval

Is a valid Trade Waste Approval for the activity in place?

Yes

Reference Number

No

A Trade Waste Approval is required for all food premises in the former Bundaberg City Council area under Council's Trade Waste Policy. Please contact the Health and Environmental Services Department on 1300 883 699 to obtain an application.

N/A

Septic/Mobile Premise/outside Bundaberg City area

9 Other Approvals

Are there any other relevant Approvals necessary for the activity in place?

Yes

Type & Reference Number

No

PART B

10 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"/>
<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*

11 ABN

If you do not have an ABN, please supply a Statutory Declaration stating below turnover per annum that requires an ABN.

12 Registered address *Not a PO Box*

13 Postal address

14 Business/Trading Name *If applicable*

15 Contact person's Name

16 Contact details

Business phone number

Business fax number

Business mobile No.

Email

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

Name

Address

Business phone number

Business fax number

Business mobile No.

Email

PART C

Licence specific details

18 Activity Category

<input type="checkbox"/>	Tattooing	<input type="checkbox"/>	Body piercing
<input type="checkbox"/>	Scarring or cutting	<input type="checkbox"/>	Implanting natural or synthetic substances

19 Mobile Premises *(only complete if your application is for a mobile activity)*

Vehicle details

Registration number

Make

Model

Colour

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20 Hours of Operation

<input type="checkbox"/>	Day	Time	<input type="checkbox"/>	Day	Time
<input type="checkbox"/>	Monday		<input type="checkbox"/>	Tuesday	
<input type="checkbox"/>	Wednesday		<input type="checkbox"/>	Thursday	
<input type="checkbox"/>	Friday		<input type="checkbox"/>	Saturday	
<input type="checkbox"/>	Sunday				

Is the premise open on public holidays? Yes No

21 Nature of operation *Give details*

22 Nominated contractor used for Sharps Disposal

Name

Address

Business phone number

Business fax number

Business mobile No.

Email

23 Infection Control Qualification

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

Yes

Please enclose a certified true copy of the document that shows the competencies required for your business. Alternatively bring the original document in to Council's Health & Environmental Services for a staff member to view.

No

Certified Copy Supplied

Original Sighted by Council Officer

Officer Initials

24 Infection Control

Australian Standard 4815:2006 requires sterilizers to undergo OQ, PQ, recommissioning or performance requalifications at least 12 monthly. Have you had your steriliser tested in the last 12 months?

Yes

Please attach copies of certification from an accredited service department

No

You are not able to provide higher risk personal appearance services

N/A

Only single-use equipment is used.

PART D

25 Amendment/s to current Licence or Replacement of Licence *Give details of proposed amendments*

PART E

26 Transfer of Licence from current operator

The current operator MUST sign this section. NOTE: If the existing operation has been modified without Council approval, the licence cannot be transferred.

<p>Name Organisation</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Name of Signatory</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p><i>Manager</i></p> <p>Signature and date</p> <div style="border: 1px solid black; height: 25px; width: 100%; text-align: center;">/ / .</div>	<p>Name Individual</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Position <i>Owner, Proprietor, Director,</i></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Signature and date</p> <div style="border: 1px solid black; height: 25px; width: 100%; text-align: center;">/ / .</div>
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PART F

27 Completion checklist *Required with this application*

Tick box/es

- | | | | |
|---|--------------------------|------------------------|--------------------------|
| 1. Completed and signed application form | <input type="checkbox"/> | Office Use Only | <input type="checkbox"/> |
| 2. Correct fee enclosed or paid | <input type="checkbox"/> | | <input type="checkbox"/> |
| 3. Two (2) sets of plans to scale – maximum A3 | <input type="checkbox"/> | | <input type="checkbox"/> |
| 4. Copies of infection control qualifications | <input type="checkbox"/> | | <input type="checkbox"/> |
| 6. Attachment relating to suitability statements required if answering “yes” to Q28 below | <input type="checkbox"/> | | <input type="checkbox"/> |
| 7. Supporting information attached (if applicable) | <input type="checkbox"/> | | <input type="checkbox"/> |

NOTE: *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 for other aspects of your business.*

PART G

28 Applicant suitability statement, declaration and signature

Have any of the applicants been convicted or found guilty or an indictable offence?

No Yes *Give details in an attachment*

Have any of the applicants ever been convicted or found guilty of an offence against the Public Health (Infection Control for Personal Appearance Services) Act 2003, the Health Act 1997 or a corresponding Australian or foreign law?

No Yes Give details in an attachment

Have any of the applicants 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 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.

<p>Name <i>Organisation</i></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Name of Signatory</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p><i>Manager</i></p> <p>Signature and date</p> <div style="border: 1px solid black; height: 25px; width: 100%; text-align: right; padding-right: 10px;">/ / .</div>	<p>Name <i>Individual</i></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Position <i>Owner, Proprietor, Director,</i></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Signature and date</p> <div style="border: 1px solid black; height: 25px; width: 100%; text-align: right; padding-right: 10px;">/ / .</div>
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Lodgement of completed applications, together with the relevant fees, should be made either:

In person
Bundaberg City Council Administration Offices
190 Bourbong Street, Bundaberg Qld 4670

General Postal Address
Bundaberg Regional Council
PO Box 3130, Bundaberg Qld 4670

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

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.

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 has 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 alterations to the operation.
- 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.

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.

PART A

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 1300 883 699. If you are proposing a Mobile business, you must give us the address where the vehicle is garaged, or your residential address. This address **cannot** be a post office box.

RPD

This is the Real Property Description. If you are unsure of the RPD, please confirm by contacting the landowner or alternatively phone Council on 07 1300 883 699.

PART B

Applicant

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

- Where the applicant is an individual, provide the full name, eg. *Mr John Peter Smith*
- Where the applicant is a partnership of individual, provide full name of all individuals eg. *Mr John Peter Smith, Mr David Geoffrey Smith and Miss Mary Jane Smith.*
- Where the applicant is a corporation, provide the full name of the 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 a licensee.

ABN

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

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.

Contact person

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

Contact details

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

Agent or Consultant

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 licence holder or receive future correspondence such a renewal notices. *Leave this section blank if you are not using an agent.*

PART C

Licence specific details

Activity category

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

Mobile Premises

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

Hours of operation

Indicate hours that the business is operating or open to the public.

Nominated contractor used for Sharps Disposal

Provide name of business contracted to collect sharps.

Infection Control Qualification

Since 1 July 2005, only persons who 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, e.g. *if you have not yet employed your staff*, you will be required to provide these prior to commencing your activity.

PART D

Amendment to current 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 to alteration or approved plan*. Please attach supporting documentation if relevant.

PART E

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 1300 883 699 for more information about an Inspection Report.

PART F

Applicant suitability, declaration and signature

If you are supplying commercial sensitive or confidential information please ensure you mark such information clearly. If the application is made by an organisation, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the organisation.

PART G

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 Service Licence Guide.

Notes in relation to Plan Requirements

Plans are required for any 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 plan