

# Carpentaria Shire Council

29-33 Haig Street, Normanton  
PO Box 31,  
Normanton QLD 4890

Telephone 07 4745 2200 Facsimile 07 4745 1340

Email [council@carpentaria.qld.gov.au](mailto:council@carpentaria.qld.gov.au)

Website [www.carpentaria.qld.gov.au](http://www.carpentaria.qld.gov.au)



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

## Higher Risk Personal Appearance Services Licence

### Application for 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 Licence

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 \_\_\_\_\_

If you select any of the  
boxes, please attach a full  
explanation to this  
application on a separate  
sheet.

Has the applicant<sup>1</sup> been convicted (or found guilty) of any of the following offences<sup>2</sup>:

- An indictable offence (drink driving and minor traffic offences are not indictable offences);
- An offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or a corresponding law;<sup>3</sup>
- An offence against the *Health Act 1937* or an Australian or Foreign law regulating the same subject matter as that Act;
- An offence, relating to the provision of personal appearance services, against an Australian or foreign law.
  
- Has the applicant held a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law, that was suspended or cancelled?
- Has the applicant been refused a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under a corresponding law?
- Has the applicant had an application for the registration of an establishment refused under the *Health Regulation 1996*?
- Has the applicant had the registration of an establishment suspended or cancelled under the *Health Regulation 1996*?

Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Includes a corporation's executive officer.

<sup>2</sup> You are not required to give details of convictions for which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired and is not revived under section 11 of that Act.

<sup>3</sup> A "corresponding law" is an Australian or foreign law that provides, or provided, for the same matters as the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

<b>Select as applicable.</b>	<b>Contact details</b>		
	<input type="checkbox"/> Business	<input type="checkbox"/> Private	
	Contact person		
	Postal address		
	Locality / Suburb		
	State Postcode		
Contact ph.		Mobile	
Contact fax		Email	

<b>Fixed premises</b>  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.  <b>Mobile premises</b>	<b>Business details of proposed premises</b>			
	Business name		BN	
	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
	Description of the premises (eg vehicle, caravan details)			
Vehicle registration no.				
Address where the mobile premises may be inspected				
Locality / Suburb				
State Postcode				
State the type of higher risk personal appearance services you intend to provide:				
_____				
_____				
_____				
_____				

<b>Lodgement</b>			
Please attach the following:			
1.	A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed fixed and / or mobile premises. Details including bench surface material, location of hand basin, etc should be included.		
2.	Full explanation of selected box/es in the Applicant details section (if applicable).		
3.	Additional premises details (if applicable).		
<b>Please note: This application and fee MUST be lodged with your Council</b>			

**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.