



Gympie Regional Council

Community Services Directorate
242 Mary Street, PO Box 155, Gympie QLD 4570
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Email council@gympie.qld.gov.au
Website www.gympie.qld.gov.au

APPLICATION FOR A HIGHER RISK PERSONAL APPEARANCE SERVICES LICENCE

Application is for: (please select)

- Fixed Premises Licence
Mobile Premises Licence
Application for Licence \$315.00
Renewal of Licence \$315.00
Transfer of Licence \$145.00

Payments may be made by cheque or money order. Payments made in person must be lodged with Council's Finance Directorate at the Gympie Town Hall, 2 Caledonian Hill, Gympie (near the Five-ways Roundabout) or at 26 Bligh St, Kilkivan.

Applicant/s details

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

Company name ACN / ARBN

Family name/s Given names

Current Personal Appearance Services Fixed Premises Licence No. (if applicable)

Permit no. Expiry date

Applicant's Ph. Mobile

Business details

Enter postal address if different from street address.

Name of Business:

Street address

Locality / Suburb

Postal address

Locality / Suburb State Postcode

Premises Ph. On site contact:

Type of Higher Risk Personal Appearance Service(s) to be Provided

- body piercing (other than closed ear/ nose piercing)
implanting natural or synthetic substances into a person's skin (eg. hair or beads)
scarring or cutting a person's skin using a sharp instrument to make a permanent mark pattern or design
tattooing (including cosmetic tattooing or semi-permanent make-up)
Other (please describe)

Details of Mobile Operation

Description of the mobile premises (eg vehicle, caravan - including registration no):

Address where the mobile premises may be inspected:

Transfer of Licence

If you are applying for a transfer of licence the current holder of the licence must agree to the transfer using the endorsement below:

I/We being the holder/s of the fixed premises licence, the particulars of which are set out in this form, hereby consent to the transfer of the fixed premises licence into the name/s of the applicant/s, as set out in the 'Applicants' section of this form.

Full Name	Position
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Signature

Date: / /

Declaration

If you have not told the truth in this application you may be liable for prosecution under the relevant Acts or Regulations.

- I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge.
- I understand that Gympie Regional Council collects personal information where it is directly related to a function or activity of Council and where the collection of such information may be reasonably considered as necessary for that purpose. It will only use personal information for that purpose, and will not disclose it, except as permitted under the *Information Privacy Act 2009*.
- I understand that the collection of this information is required in accordance with Section 32 of the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.
- I understand that this information will be provided to State Government Departments if required by the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. Council will also provide information to other parties upon my consent (*example: in relation to sale of business*).
- I will take all reasonable and practicable measures to comply with the requirements of the *Public Health (Infection Control for Personal Appearance Services) Act 2003* and the conditions imposed on my licence.

Applicant's Full Name	Applicant's Position
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Applicant's Signature

Date: / /

Information to be included with an Application for Licence

- Detailed plans of the design, construction & fit out of the premises. The premises must comply with the specifications of Queensland Development Code, Part 15 - Higher Risk Personal Appearance Services, published by the Directorate of Local Government and Planning.
- Copy of Council's development approval decision notice (if applicable) for the use of the premises.
- Copy of the Certificate of Attainment for the competency standard HLTIN402B - Maintain Infection Control Standards in Office Practice Settings, from the HLT02 Health Training Package.

Office Use Only

Record keeping:
Hardcopy filed in
Community Services

Fee

Credit: 1620301.7000.08

Receipt no.

Date: / /