

Gladstone Regional Council

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GLADSTONE
REGIONAL COUNCIL

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

Higher Risk Personal Appearance Services Licence Design Approval Application

The Gladstone Regional Council is collecting your personal information in accordance with the Public Health (Infection Control for Personal Appearance Services) Act 2003 to process your Higher Risk Personal Appearance Services Licence Design Approval Application. The information will only be accessed by authorised council employees. Some of this information may be given to other Government Departments in case of an emergency. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Application is for

Application Fee Fee: \$ _____

Applicant/s details

Corporation Name	ACN / ARBN
Title eg. Mr, Mrs, Miss etc.	
Family Name	
Given Names	
Signature	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Position	

Contact details

Contact Person	
Home Ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	e-mail: <input type="text"/>

Fixed Premises

Trading name must be registered with the Office of Fair Trading.
If more than one premises, please attach additional information to this form.

Enter postal address if different from street address.

Business details

Trading Name	
Street Address	
Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal Address (for service of documents)	
Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bus Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email: <input type="text"/>

Real Property Description

Lot no.	Reg. Plan no.	Parish
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Mobile Premises	Description of the premises (eg vehicle, caravan details)		
	Vehicle registration no.		
	Address where the mobile premises may be inspected		
	Suburb	State	Postcode
State the type of higher risk personal appearance services you intend to provide:			

	Owner details		
	Name of Owner		
	Address of Owner		
	Locality / Suburb	State	Postcode
Signature			

Lodgement:

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 boxes in the Applicant details sections (if applicable).
3. Additional premises details (if applicable)
4. Copies of Infection Control Qualifications.

Note: This application and fee MUST be lodged with your Council and will not be processed if all relevant information is not attached.