

<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>	Application for Renewal of 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. Enter "n/a" if the question does not apply.		
	Application for Renewal of Higher Risk Personal Appearance Services	Fee \$	
<b>Applicant/s details</b>	Applicant's/Company's name		
If applicant is a company, insert company name & ABN / ACN / ARBN and include all director's names (attach a separate sheet if required).	ABN / ACN / ARBN		
	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify)		
	Family name		
	Given names		
	Position		
<b>Contact details</b>	Name of Primary Contact Person		
(complete only if different from Applicant or where Applicant is a company)	Postal address		
	Locality /Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email	
<b>Address for Services</b>	Address at which services are conducted		
(Provide contact details if different from above)	Postal address		Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email	
<b>Mobile Premises</b>	Vehicle registration no.		
	Address where the mobile premises may be inspected		
	Locality/Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Description of Premises</b>	Description of the premises (eg vehicle, caravan, shop)		
<b>Services Provided</b>	State the type of higher risk personal appearance services you intend to provide:		

<p><b>Suitability Of Person To Hold A Licence (s.35)</b></p> <p>If you select any of the boxes, please attach a full explanation to this application on a separate sheet.</p>	<p>NB The following boxes are only to be selected if the applicant is a corporation and there has been a change of the corporation's executive officers (eg directors) since the licence was last issued or renewed.</p> <p>Has the applicant<sup>1</sup> been convicted (or found guilty) of any of the following offences<sup>2</sup> :</p> <p><input type="checkbox"/> An indictable offence (drink driving and minor traffic offences are not indictable offences);</p> <p><input type="checkbox"/> An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law<sup>3</sup>;</p> <p><input type="checkbox"/> An offence against the <i>Health Act 1937, Public Health Act 2005</i> or an Australian or Foreign law regulating the same subject matter as that Act;</p> <p><input type="checkbox"/> An offence, relating to the provision of personal appearance services, against an Australian or Foreign law.</p> <p><input type="checkbox"/> Has the applicant held a licence under the <i>Public Health(Infection Control for Personal Appearance Services) Act 2003</i>, or a licence or registration under a corresponding law, that was suspended or cancelled?</p> <p><input type="checkbox"/> Has the applicant been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>, or a licence or registration under a corresponding law?</p> <p><input type="checkbox"/> Has the applicant had an application for the registration of an establishment refused under the <i>Health Regulation 1996 or Public Health Regulation 2005</i>? I /We declare the information provided in this application to be true and correct.</p> <p><input type="checkbox"/> Has the applicant had the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996 or Public Health Regulation 2005</i>?</p> <p><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 <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> 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 <i>Public Health (infection Control for Personal Appearance Services) Act 2003</i>.</p>																														
<p>Real property description – refer to Rates Notice</p>	<p>Lot no.</p>	<p>Reg. plan no.</p>	<p>Parish</p>																												
<p><b>INDEMNITY</b></p>	<p>I /We declare the information provided in this application to be true and correct.</p>																														
	<p>Signature</p>	<p>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"/></p>																													
	<p>Please note: This application and fee MUST be lodged with Council.</p>																														
	<table border="1"> <tr> <td colspan="4">Office use only</td> </tr> <tr> <td>Fee</td> <td></td> <td>Registration no.</td> <td></td> </tr> <tr> <td>Receipt code</td> <td></td> <td>ID no.</td> <td></td> </tr> <tr> <td>Authorized Officer</td> <td></td> <td>Inspection date</td> <td></td> </tr> <tr> <td>Recommendation</td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td>Rec. no.</td> </tr> <tr> <td>Date</td> <td colspan="3">Account property no.</td> </tr> </table>			Office use only				Fee		Registration no.		Receipt code		ID no.		Authorized Officer		Inspection date		Recommendation							Rec. no.	Date	Account property no.		
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**PRIVACY CLAUSE**

The information collected on this form will be used by the Hinchinbrook Shire Council in accordance with the processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Information Privacy Act 2009*) or as required by the Queensland State Government. This information may be stored in the Council database. The information collected will be retained as required by the *Public Records Act 2002*.