

<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>	Application to amend 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 <input type="checkbox"/> Higher Risk Personal Appearance Services Amendment Fee \$
If applicant is a company, insert company name and ACN / ARBN	Applicant/s details Company name ACN / ARBN
If applicant is a Company/ Corporation, director's names must be included.	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If you select any of the boxes, please attach a full explanation to this application on a separate sheet. Indemnity	Family name Given names Position I being a current licence holder hereby make application to amend this licence. 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"/>
	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Select as applicable.	Contact details <input type="checkbox"/> Business <input type="checkbox"/> Private Postal address Locality / Suburb State <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact 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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> Contact 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"/> <input type="text"/> <input type="text"/> Email

