

Longreach Regional Council

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

Higher Risk Personal Appearance Services - Transfer

Application for Transfer 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 where applicable. Enter "n/a" if the question does not apply.

Application is for

Higher Risk Personal Appearance Services Transfer

Fee \$ _____

If Transferee/s is a
company, insert company
name and ACN/ARBN.

Transferee/s details

Company name _____ ACN/ARBN _____

Title Mr Mrs Ms Miss Other (specify)

If Transferee/s 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 of this
application on a separate
sheet.

Has the proposed transferee¹ been convicted (or found guilty) of any of the following offences² :

- 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 law³;
- 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 proposed transferee 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 proposed transferee 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 proposed transferee had an application for the registration of an establishment refused under the *Health Regulation 1996*?
- Has the proposed transferee had the registration of an establishment suspended or cancelled under the *Health Regulation 1996*?

Signature _____ Date / /

- 1 includes a corporation's executive officer.
- 2 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.
- 3 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*

If Transferor/s is a company, insert company name and ACN/ARBN.	Transferor/s details	
	Company name	ACN/ARBN
	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) <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"/>
	Family name	
	Given names	
	Position	
	I hereby consent to the transfer of this licence to the proposed transferee listed in this application.	
	Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) <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"/>
	Family name	
Given names		
Position		
I hereby consent to the transfer of this licence to the proposed transferee listed in this application.		
Higher Risk Personal Appearance Services Licence No.	Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Licence no.	

Select as applicable.	Contact details	
	<input type="checkbox"/> Business	<input type="checkbox"/> Private
	Contact person	
	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 _____

Fixed Premises Business name must be registered with the Dept of Justice and Attorney-General. 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 Notices	Business details (Transferee to complete)		
	Business name	BN <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"/>	
	Street 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"/>	
	Postal address (for service of documents)		
	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 _____	
	Lot no.	Reg. plan no.	Parish

Mobile premises

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 that the transferee intends to provide:

Lodgement

Please attach the following:

1. Full explanation of selected box/es in the Transferee details (if applicable).
2. Additional premises details (if applicable).

Please note: This application and fee MUST be lodged with your Council