

Mount Isa City Council

23 West Street, Mount Isa
PO Box 815,
Mount Isa QLD 4825

Telephone 07 4747 3200 Facsimile 07 4747 3209
Email city@mountisa.qld.gov.au
Website www.mountisa.qld.gov.au



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

Higher Risk Personal Appearance Services - Amendment

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

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 _____

Title Mr Mrs Ms Miss Other (specify)

If applicant is a
Company/Corporation,
director's names must be
included.

Family name _____

Given names _____

Position _____

I being a current licence holder hereby make application to amend this licence.

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name _____

Given names _____

Position _____

I being a current licence holder hereby make application to amend this licence.

Signature _____ Date / /

Select as applicable.

Contact details

Business Private

Contact person _____

Postal address _____

Locality / Suburb _____ State Postcode

Contact ph. Mobile

Contact fax Email _____

Fixed Premises Business name must be registered with the Office of Fair Trading. 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 Notice. Higher Risk Personal Appearance Services Licence No. Mobile Premises	Business details		
	Business name		BN <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"/>
	If the amendments involve changing the location of the premises shown on the licence, or adding additional premises, please complete the following		
	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"/>
	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"/>	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"/>	
	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"/>	Email <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"/>	
	Lot no.	Reg. plan no.	Parish
Licence no.			
Description of the premises (eg vehicle, caravan details)			
Vehicle registration no.			
Address where the mobile premises may be inspected			
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"/>	

Amendments

Provide details of proposed amendments

Lodgement

Please attach the following if amendments involve changing the location of the premises or adding additional premises:

1. A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed premises. Details including bench surface material, location of hand basin, etc should be included.
2. Additional premises details (if applicable).

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