

Quilpie Shire Council

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

Higher Risk Personal Appearance Services - Renewal

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

Application is for

Higher Risk Personal Appearance Services Renewal

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 _____

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 issued or last renewed.

Has the applicant¹ 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 applicant 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 applicant 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 applicant had an application for the registration of an establishment refused under the *Health Regulation 1996*?
- Has the applicant had the registration of an establishment suspended or cancelled under the *Health Regulation 1996*?

If you select any of the
boxes, please attach a full
explanation to this
application on a separate
sheet.

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*.

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"/> <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 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.	Business details	
	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	

Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
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Higher Risk Personal Appearance Services Licence No.	Licence no.
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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	
	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"/>
	State the type of higher risk personal appearance services you intend to provide:	

Lodgement
Please attached the following:
1. Full explanation of selected box/es in the Applicant details section (if applicable).
2. Additional premises details (if applicable).
Please note: This application and fee MUST be lodged with your Council