

# Richmond Shire Council

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

## Higher Risk Personal Appearance Services Licence

### Application for 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 Licence

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 \_\_\_\_\_

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

Has the applicant<sup>1</sup> been convicted (or found guilty) of any of the following offences<sup>2</sup>:

- 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 law<sup>3</sup>;
- 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*?

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*.

<b>Select as applicable.</b>	<b>Contact details</b>	
	<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"/> <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.

**Real property description**  
– refer to Rates Notice.

**Mobile Premises**

<b>Business details of proposed premises</b>	
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"/> <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
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Description of the premises (eg vehicle, caravan details)

Vehicle registration no.
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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"/>
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State the type of higher risk personal appearance services you intend to provide:


<p><b>Lodgement</b></p> <p>Please attach the following:</p> <ul style="list-style-type: none"><li>1. A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed fixed and/or mobile premises. Details including bench surface material, location of hand basin, etc should be included.</li><li>2. Full explanation of selected box/es in the Applicant details section (if applicable).</li><li>3. Additional premises details (if applicable).</li></ul> <p><b>Please note: This application and fee MUST be lodged with your Council</b></p>
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