

# Application for Approval to Transfer Licence to Carry on Business Providing Higher Risk Personal Appearance Services

Public Health (Infection Control for Personal Appearance Services) Act 2003  
Section 49



Enquiries: 1300 22 55 77  
Address: PO Box 1860  
Rockhampton Qld 4700  
Email: [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au)

## PRIVACY NOTICE

Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of assessing the application for continued operation of a licensable premise. The Council is authorised to do this under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. Mobile premise information may be given to other Queensland Local Government authorities to notify of existing approvals. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

## LICENCE DETAILS

Licence Number

Licence Expiry Date

Licensee Name *(as it appears on Certificate of Licence)*

Trading Name

Location of Fixed Premise or Mobile Premise Details *(including vehicle registration)*

Real Property Description *(if applicable)*

Lot(s)

Plan No. *(RP, SP etc)*

Town

Have there been or are you proposing any changes to the premise / activity?  No  Yes\*

\*If Yes, please detail *(attach additional pages if necessary)*:


**Note:** Changes to details may require further applications, please contact Council for details.

\*Please see page 4 for payment options.

<b>OFFICE USE ONLY</b>	Date Received:	Licence No:
	Customer Service Officer:	Transfer Fee: \$                      GST Exempt

## LICENCE HOLDERS CONSENT TO TRANSFER

I consent to the transfer of Licence to Carry on Business Providing Higher Risk Personal Appearance Services as detailed in this application.

**Name** *(Individual or Organisation)*

**Position** *(Proprietor, Director, Manager)*

**Signature**

Date: / /

## PROPOSED LICENSEE DETAILS

**Applicant's Name** *(Individual, Partnership, Company)*

**Postal Address**

**Contact Phone**

**Mobile**

**Email**

**Business / Trading Name**

**Manager Name**

**Location for Inspection of Mobile Premise**

**Detail the Higher Risk Personal Appearance Services to be Provided**

## APPLICANT DECLARATION

Please tick (✓) boxes where relevant.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a) Has the applicant ever been convicted or found guilty of an offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , the <i>Health Act 1937</i> or a corresponding Australian or foreign law?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has the applicant ever been convicted or found guilty of an indictable offence? ( <i>Drink driving and minor traffic offences are not indictable offences.</i> )   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Has the applicant ever had a licence, or licence and registration under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , the <i>Health Act 1937</i> or a corresponding Australian or foreign law, cancelled, suspended or refused? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked **Yes** in one or more of the boxes above, please provide information detailing why this is the case and attach it to this application. Information Attached

Do all persons providing a higher risk personal appearance service have the required Infection Control Qualifications?  Yes  No\*

\* If you answered **No** to this question please contact Council. Any person not holding the required qualifications is not able to perform higher risk personal appearance services and your premise may not be able to operate.

I apply for the transfer of Licence to Carry on Business Providing Higher Risk Personal Appearance Services as detailed in this application, and tender the prescribed fee and documentation where required.

**Name** (*Individual or Organisation*)

**Position** (*Proprietor, Director, Manager*)

**Contact Phone**

**Mobile**


**Email**

**Name of Signatory** (*If applicant is an organisation*)

**Signature**


Date: / /

## PAYMENT OPTIONS

 MAIL – Complete and sign the form and make your cheque/money order payable to 'Rockhampton Regional Council' and mail to PO Box 1860, Rockhampton QLD 4700.



IN PERSON – You can pay the account at Council's Customer Service Centre:  
232 Bolsover Street, Rockhampton;  
32 Hall Street, Mount Morgan;  
1 Ranger Street, Gracemere;  
70 Anzac Parade, Yeppoon.

 TELEPHONE – Call 1300 22 55 77 (or from outside Australia call +61294235551) any time to pay with MasterCard or Visa. Please quote the Licence Number shown on the front of this notice. Payment will only be taken if completed documentation has been forwarded to Council.

### For More Information



PO Box 1860, Rockhampton Q 4700

**Phone** 1300 22 55 77

**Fax** 1300 22 55 79

**Email** [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au)

**Web** [www.rockhamptonregion.qld.gov.au](http://www.rockhamptonregion.qld.gov.au)