



Environmental Services

Southern Downs Regional Council

PO Box 26, WARWICK QLD 4370
Email: mail@southerndowns.qld.gov.au

64 Fitzroy Street
WARWICK QLD 4370
Telephone 4661 0300
Facsimile 4661 0333

61 Marsh Street
STANTHORPE QLD 4380
Telephone 4681 5500
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Public Health (Infection Control for Personal Appearance Services) Act 2003

Application for Licence to Conduct Higher Risk Personal Appearance Service

Part A

If you have any specific enquiries regarding fees or how to complete this form, contact Council's Environmental Services Department.

Please complete this application in BLOCK LETTERS and tick boxes where applicable. Enter "N/A" if the question does not apply. Complete all sections unless otherwise stated.

Application Type

- | | |
|--|---|
| <input type="checkbox"/> New Licence Application | <input type="checkbox"/> Amend Existing Licence |
| <input type="checkbox"/> Design Approval for Premise | <input type="checkbox"/> Transfer of Existing Licence |

Type of Premise

- | | |
|--|---|
| <input type="checkbox"/> Fixed Premise | <input type="checkbox"/> Mobile Premise |
|--|---|

Applicant/s Details

To be completed by the person/s applying to be the licensee and who will be legally responsible for the operation

Applicant's Full Name (Person or Company):

Director's Name/s (if applicable):

ACN or ABN (and ANZSIC code if applicable):

Contact Details

Contact Name:

Registered office address: (Corporation only):

Postal Address:

Business Phone:

Business Fax:

Mobile Phone:

Email:

Premises Details

Business name must be registered with the Office of Fair Trading

Enter postal address if different from street address

Enter if different from contact details above

Real property description (Not required for mobile premises)

Only required if submitting New Application or New Licence Application

Business Name (If applicable):

ACN or ABN (and ANZSIC code if applicable):

Premises Street Address: (Not required for mobile premises):

Postal Address:

Real Property Description (Lot and Plan):

Business Phone:

Business Fax:

Mobile Phone:

Email:

Intended Start Date of Operation:

Mobile Premises

Complete only if application is for a Mobile Premise.

Only 1 licence is required (for each mobile premises) to operate throughout all of Queensland. This can be obtained from any local government in which the business intends to operate. Inspection addresses must be within Southern Downs Region.

Location/s to operate from:

Description of Premises:

Vehicle Make & Model:

State/Territory of Registration:

Address of inspection of mobile premises:

Suitability of Person to Hold Licence

Have any of the applicants been convicted of an offence or had a licence or registration refused, cancelled or suspended under the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or the *Health Regulation 1998*? *If the applicant is a corporation, an Executive Officer of the corporation are included.*

No Yes **If yes, please attach detail.**

Amendments

Complete only if application is for an amendment of an existing licence

Provide details of proposed amendment:

Signature of Applicant

I, _____, am the applicant or the appointed signatory in all matters relevant to this application. I am aware that under Section 63 of the Public Health (Infection Control for Personal Appearance Services) Act 2003 it is an offence to give information that is false or misleading in any material particular.

Signature of Applicant:

Position (if applicable)

Date: / /

Complete if more than one Applicant.

I, _____, am the applicant or the appointed signatory in all matters relevant to this application. I am aware that under Section 63 of the Public Health (Infection Control for Personal Appearance Services) Act 2003 it is an offence to give information that is false or misleading in any material particular.

Signature of Applicant:

Position (if applicable):

Date: / /

Lodgement

On completion of this application please forward it, the required supporting information, and your application fee to your nearest Southern Downs Regional Council Office. See office locations at the top of this form.

Please note: This application MUST be lodged with Council.

Explanatory Notes

Application Type

- Select **New Application** where premise has not previously been approved for this purpose, or where a previous approval has lapsed. You would also select **New Application** if you take over a business and plan to significantly alter the premises. This application includes the **Design Approval for Premise and New Licence Application**, and is only applicable when the business will be ready to operate within 6 months. (Alternatively, separate applications will need to be made for **Design Approval for Premise and New Licence Application**).
- Select **Amendment of Existing Licence** if you already hold the licence and intend on making significant alterations to the operation (not the premise- for this refer to **Design Approval for Premise**).
- Select **Design Approval for Premise** where you need advice on the suitability of the design of the premises (plans checked), but you are not ready to operate the food business within 6 months. A licence will not be issued for this type of application.
- Select **New Licence Application** only when you are commencing operation in an existing premise that has been approved for use (either a premise that has been renovated/re-designed, or that is currently not being used but for which approval has not lapsed, providing no changes to the premise have been made).
- Select **Transfer of Existing Licence** when you are a new occupier of a site for which an existing licence is in place and are not making any changes to the premise or the operation.

Privacy Notice

Southern Downs Regional Council is collecting the personal information you supply on this form for the purpose of assessing your application in respect of the operation of a licensable premises. The Council is authorised to do this under *Public Health (Infection Control for Personal Appearance Services) Act 2003*. Your personal information may be disclosed to other local government agencies, state government and third parties for purposes related to this process. Except in these circumstances, your personal information will only be disclosed to third parties with your consent or in accordance with the Queensland Government's *Information Privacy Act 2009*.

Office Use Only

Entered By:

Fees Paid:

Date:

Receipt No:

Application No:

Part B attached: Yes / No



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Part B

Additional Information Required for New Applications and Design Approval

Please provide the following information. Please note this information is only required when making a **New Application** or **Application for Design Approval**.

Current Approval Details

Please insert your approval number for each approval type required to be obtained

Approval Type	Approval No.	Office Use Only
Building Approval		
Plumbing & Drainage Approval		
Development Approval		
Trade Waste Approval		
Other- please specify		

1. Two (2) copies of floor plans and two (2) copies of sectional elevation drawings, showing how the premise complies with the Queensland Development Code, Part 15.
2. A description of the cleaning and waste disposal equipment to be used at the premises.
3. A description of the sterilizing equipment and techniques to be used at the premises.
4. Provide a copy of a certificate of classification under the *Building Act 1975*.

Office Use Only

Part A attached: Y / N