

Application for Transfer of Higher Risk Personal Appearance Services Licence

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



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Enquiries: www.livingstone.qld.gov.au/OnlineServices



Did you know you can [apply online?](#)

PRIVACY NOTICE Livingstone Shire Council is collecting your personal information in order to provide the requested service and to update Council's records. The collection of this information is required under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

Current Licence Details

Licence Number	Trading Name
<input type="text"/>	<input type="text"/>
Current Licensee Name (Corporation, Other entity)	List Names of Corporation's Directors (If applicable)
<input type="text"/>	<input type="text"/>
Postal Address	Registered Office Address (if Corporation)
<input type="text"/>	<input type="text"/>
Suburb and Postcode	Suburb and Postcode
<input type="text"/>	<input type="text"/>
Address of Fixed Premises	Mobile Premise Details (If applicable)
<input type="text"/>	<input type="text"/>

Licence Holders Consent to Transfer

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

Name (Corporation, Other entity)	Position (Proprietor, Director, Manager)
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>

Proposed Licensee and Premise Details

Proposed Licensee Name (Corporation, entity)	List Names of Corporation's Directors (If applicable)
<input type="text"/>	<input type="text"/>
Postal Address	Registered Office Address (if Corporation)
<input type="text"/>	<input type="text"/>
Suburb and Postcode	Suburb and Postcode
<input type="text"/>	<input type="text"/>
Contact Number(s)	Email
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

Receipt No.	Amount Paid \$	Date Paid __/__/____	CSR No:
Information Checked: Yes / No	Licence No:	Doc No:	Initials:

File LE19.4.7 –Licensing Personal Appearance Services – 19.6.4 – 3 years (after the refusal, expiry or cancellation of the licence)
Application for Higher Risk Personal Appearance Services Licence Form July 2015 (Version 1.3)

Trading Name

Type of Premises (fixed or mobile)

Address of Fixed Premises (if applicable)

Address where Mobile Premises is Kept (if applicable)

Manager Name

Manager Contact Phone

Handover/Settlement Date

Detail the Higher Risk Personal Appearance Services to be Provided

Proposed or Continuing Infection Control Qualification Holder Details

Each operator is required to hold an infection control qualification. Provide details of each proposed or continuing operator who will personally provide a higher risk personal appearance service.

Please attach further details to application if more than three operators are proposed.

Qualification Holder's Name

Qualification Held

Address

Contact Phone

Qualification Holder's Name

Qualification Held

Address

Contact Phone

Qualification Holder's Name

Qualification Held

Address

Contact Phone

Changes or Proposed Changes to Premises

Have there been or are you proposing any changes to the premise / activity?

Yes

No

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

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

Proposed Licensee Declaration

Please tick (✓) boxes where relevant

- | | No | Yes |
|--|--------------------------|--------------------------|
| a) Does the applicant or an executive officer, if applicant is a corporation, have a conviction for a relevant offence other than a spent conviction? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has the applicant or an executive officer, if applicant is a corporation, held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a licence or registration under a corresponding law that was suspended or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Has the applicant or an executive officer, if applicant is a corporation, been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a licence or registration under a corresponding law? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Has the applicant or an executive officer, if applicant is a corporation, had an application for registration of an establishment refused under the <i>Health Regulation 1996</i> , part 15? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Has the applicant or an executive officer, if applicant is a corporation, held a registration of an establishment under the <i>Health Regulation 1996</i> , part 15, that was suspended or cancelled? | <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

- | | | |
|--|---|--|
| f) Will the <i>Infection Control Guidelines</i> be followed?
*If No, attach details of the processes that do not comply. | <input type="checkbox"/> * | <input type="checkbox"/> |
| g) Do all persons providing the higher risk personal appearance service have infection control qualifications?
**If No, please contact Council. Any person not holding the required qualifications is not able to perform the service and your premises may not be able to operate.
Has the applicant been refused an operator and/or tattooist licence under the <i>Tattoo Parlour Act 2013</i> ?
***If Yes, please contact Council. Any person refused an operator and/or tattooist licence will not be able to perform the service or operate. | <input type="checkbox"/> **

<input type="checkbox"/> *** | <input type="checkbox"/>

<input type="checkbox"/> |

I apply for the transfer of Licence to undertake Providing Higher Risk Personal Appearance Services as detailed in this application, and tender the prescribed fee and documentation where required. I understand it is an offence under section 63 and section 64 of the *Public Health (ICPAS) Act 2003* to make a false or misleading statement or to provide false or misleading documents. I acknowledge that this licence will expire on the 30th June immediately following this application.

Signature of Applicant

Date

Name of Applicant (Corporation, Other entity)

Name of Signatory (If Corporation)

Position of Signatory (Proprietor, Director, Manager)

Payment Options

Refer to Council's Current [Fees and Charges](#) for details

Payment must be made when the form is submitted – forms will not be processed until payment is received.



MAIL – Make your cheque/money order payable to Livingstone Shire Council and mail to PO Box 2292, Yeppoon QLD 4703



IN PERSON – You can pay this account at any of Council's Customer Service Centres:



ONLINE SERVICES – Visit www.livingstone.qld.gov.au/online-services
Email – HealthAdministration@livingstone.qld.gov.au

Yeppoon (Town Hall, 25 Normanby Street or Emu Park (Library), 7-9 Hill Street