

Application for Higher Risk Personal Appearance Services Licence



Public Health (Infection Control for Personal Appearance Services) Act 2003
Section 30

ABN: 95399253048
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Postal: PO Box 2292 YEPPOON QLD 4703

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*.

This form must be used when applying for a licence to undertake a higher risk personal appearance services business. The details provided are used to enable Council to decide whether the applicant is a suitable person to hold a licence and if the premises from which the business is to be undertaken are suitable for carrying on the business. All plans must be to a scale no smaller than 1:50 and be provided in duplicate.

Applicant Details

Applicant Name (Corporation, Other entity)

List Names of Corporation's Directors (If applicable)

Postal Address

Registered Office Address (if Corporation)

Suburb and Postcode

Suburb and Postcode

Contact Number(s)

Email

Intended Start Date

Premises Details

Trading Name

Type of Premises (Fixed or Mobile)

Managers Name

Managers Contact Phone

Address of Fixed Premises (If applicable)

Address Where Mobile Premises is Kept (If applicable)

Suburb and Postcode

Suburb and Postcode

If a mobile premises, describe the premises and include the registration number if the premise requires registration:

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)

Infection Control Qualification Holder Details

Each operator is required to hold an infection control qualification. Provide details of each proposed 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

Checklist

Please use the following checklist to ensure that you have attached copies of all necessary documents for Council to review your application and to decide the application. All plans must be to a scale of no smaller than 1:50 and comply with the Queensland Development Code Part MP 5.2.

- Statement of Attainment of each proposed operator for the competency of HLTINF005-Maintain Infection Prevention for Skin Penetration Treatments
- Technical data and validation documentation (where applicable) for any equipment, including sterilisers
- Details of compliance with the Queensland Development Code Part MP 5.2
- Details of sharps disposal
- Two copies of each of the following plans:
 - Premises layout detailing:
 - Details, position, and size of all plumbing fixtures
 - Details of the separation of dirty and clean areas
 - Details of all surface finishes

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 *Infection Control Guidelines* be followed?
*If No, attach details of the processes that do not comply. *
- 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. **
- h) 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 including the *Tattoo Parlour Act 2013*?

I hereby apply for a higher risk personal appearance services licence as detailed in this application and tender the prescribed fee and supporting 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

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