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| <p>Public Health (Infection Control for Personal Appearance Services) Act 2003</p> | <h2 style="text-align: center;">Application for A Licence to Carry On Business Providing Higher Risk Personal Appearance Services</h2> <p>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.</p> <p style="text-align: center;">Conditions may be imposed on the permit as considered appropriate by Council.</p> | | |
| <p>Transfer – making alterations or changing details of an existing licencee.</p> | <input type="checkbox"/> New – Fixed Premises <input type="checkbox"/> New – Mobile Service <input type="checkbox"/> Transfer Fee | <p>Fees: \$210.00 Application + \$210.00 Annual</p> <p>Fees: \$210.00 Application + \$320.00 Annual</p> <p>Fees: \$80.00 Application</p> | |
| Licencee / Applicant details | | | |
| <p>If applicant is a corporation, insert corporation name and ACN.</p> <p>If applicant is an individual/s insert details here</p> <p>To be completed for all applications.</p> | APPLICANT 1 | | |
| | Corporation name: | | ACN: |
| | Name: | | Position: |
| | OR | | |
| | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) | | |
| | Family name | | |
| | Given names | | |
| | APPLICANT 2 | | |
| | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) | | |
| | Family name | | |
| Given names | | | |
| <p>Postal address for delivery of correspondence associated with this licence.</p> | Postal address | | |
| | | | |
| | Locality / Suburb | State | Postcode |
| | Phone Number | Mobile Number | |
| | Fax Number | Email | |

Suitability of Applicant

Does the applicant or an executive officer, if applicant is a corporation, have a conviction for a relevant offence other than a spent conviction?

Yes No

Has the applicant or an executive officer, if applicant is a corporation, 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?

Yes No

Has the applicant or an executive officer, if applicant is a corporation, 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?

Yes No

Has the applicant or an executive officer, if applicant is a corporation, had an applicant for registration of an establishment refused under the *Health Regulation 1996*, part 15?

Yes No

Has the applicant or an executive officer, if applicant is a corporation, held a registration of an establishment under the *Health Regulation 1996*, part 15, that was suspended or cancelled?

Yes No

If you answer "yes" to any of the above questions, you must attach a full explanation of the circumstance.

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| For Fixed Premises If more than one premises please attach details | Details of Proposed Business Premises | | |
| | Property address | | |
| Real property description – refer to Rates Notice. | Locality/town | State | Postcode |
| | Lot No. | Registered Plan No. | |
| | Plans drawn to scale, not smaller than one to fifty (1:50) of the proposed premises is provided with this application. Details, for example, bench surface material, location of hand basin etc should be included. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| For Mobile Premises | Vehicle Details | | |
| | Description of the premises (eg vehicle, caravan): | | |
| | Vehicle Registration No: | | |
| | Address where the mobile premises may be inspected: | | |
| | Property address | | |
| | Locality/town | State | Postcode |
| Plans drawn to scale, not smaller than one to fifty (1:50) of the proposed premises is provided with this application. Details, for example, bench surface material, location of hand basin etc should be included. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| State the type of higher risk personal appearance services you intend to provide: | | |
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| Checklist | | |
| An application for a licence to carry on business providing higher risk personal appearance services must include: | | |
| <input type="checkbox"/> | Completed Credit Application Form (CCS-RE-02) | |
| <input type="checkbox"/> | Statement of Attainment of each proposed operator for the competency of HLTIN402-B Maintain Infection Control Standards in Office Practice Settings | |
| <input type="checkbox"/> | Provide two copies of the plan of the proposed premises drawn to scale, not smaller than one to fifty (1:50), including the detailing of: <ul style="list-style-type: none"> ▪ Details, position, and size of all plumbing fixtures ▪ Details of the separation of dirty and clean areas ▪ Details of all surface finished | |
| This application form must be completed and signed along with the prescribed fee. | | |

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| Declaration | | |
| <i>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 declare the information provided in this application to be true and correct.</i> | | |
| Signature | Date | / / |

Please note: This application and fee MUST be lodged with your Council

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|------------------------|------------------|-----------------------------|
| Office use only | Date Received: | Application Checked: YES NO |
| | Fee (\$): | Taken By: |
| | Receipt No: | Other: |
| | Subject: FID2669 | |

PRIVACY COLLECTION NOTICE: THE PERSONAL INFORMATION GATHERED BY COUNCIL ON THIS FORM IS FOR THE PURPOSE OF MAINTAINING COUNCIL'S LICENCE REGISTER AND WILL NOT BE USED FOR ANOTHER PURPOSE OR GIVEN TO ANY OTHER PARTY UNLESS YOU HAVE CONSENTED OR COUNCIL IS REQUIRED OR AUTHORISED BY LAW TO DO SO.