


	<p>CASSOWARY COAST REGIONAL COUNCIL PO Box 887, 70 Rankin Street INNISFAIL QLD 4860</p> <p>E: enquiries@cassowarycoast.qld.gov.au P: 1300 763 903 W: www.cassowarycoast.qld.gov.au</p> 										
<p><i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i></p> <p><i>Step 1: Module Code: Plus Primary Group:PersAppear Primary Category: Select applicable</i></p>	<p>APPLICATION FOR LICENCE TO CARRY OUT BUSINESS PROVIDING HIGHER RISK PERSONAL APPEARANCE SERVICES</p> <p>To: Chief Executive Officer, Cassowary Coast Regional Council</p> <p>THIS APPLICATION WILL BE CONSIDERED AND ASSESSED WHEN PAYMENT AND COMPLETED APPLICATIONS HAVE BEEN RECEIVED</p> <p>In order for your application to be assessed you must: Complete all relevant sections; provide all supporting information referred to on this form, and submit with the relevant fee.</p> <p>For premises where tattooing will be conducted, please contact the Office of Fair Trading to obtain all necessary licences under the <i>Tattoo Parlours Act 2013</i> before proceeding with this application.</p> <p>For New Premises Only</p> <ul style="list-style-type: none"> It is recommended that you submit your completed application to be considered at least 40 days prior to the proposed date on which the business is to be operated, and Two (2) copies of a Floor Plan, drawn to scale not less than 1:100, showing details of the layout of all equipment, fixtures and fittings in a bird's eye view (looking down on the premises). Details of hand washing areas and cleaning sinks should be provided including the dimensions or the size and depth of the sink. The floor plan should also indicate the type of materials and finishes used on equipment, fixtures, fittings, floors, walls and ceilings (such as stainless steel or laminated work benches, walls and ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting). This information can be noted on the plan's legend. 										
<p>Section 1</p> <p><i>Step 2: Description – Who - Trading name/applicant name - Where - Proposed location of activity - What- Application for Personal Appearance Services</i></p>	<p>Application Type (tick each applicable) Application is for :</p> <table border="1"> <tr> <td>New Licence - Fixed Premises</td> <td><input type="checkbox"/></td> </tr> <tr> <td>New Licence - Mobile Premises</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Renewal of Licence</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Amendment of Licence</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Additional Inspection</td> <td><input type="checkbox"/></td> </tr> </table>	New Licence - Fixed Premises	<input type="checkbox"/>	New Licence - Mobile Premises	<input type="checkbox"/>	Renewal of Licence	<input type="checkbox"/>	Amendment of Licence	<input type="checkbox"/>	Additional Inspection	<input type="checkbox"/>
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<p>Section 2</p> <p><i>Step 4: Associated Names – Applicant Name Under the Corporations</i></p>	<p>Applicant/s Details</p> <p>Name/s of Applicant (Individual Proprietor or Corporation)</p>										

(Queensland) Act 1991	For Corporations - Please list all the Directors Name/s	
	Address (includes the Corporation's registered office)	
	Telephone:	Mobile:
	Email:	
	Contact for this application:	
	Telephone:	Mobile:
Email:		
Section 3	Business Details	
Step 3: Primary Property Real Property Description - refer to Rates Notice	Please identify the trading name of the business:	
	Please provide the location address of the premises: (If applicable - include name of shopping centre, or if mobile vehicle/trailer, the address where it will be stored)	
	Please provide Lot on Plan:	
	Please provide the registration number of vehicle:	
	Postal address for documentation:	
What are your proposed days and hours of operation (e.g. 10 am – 10pm Monday - Friday)		
Section 4	Provide a list of all persons who will be carrying out Higher Risk Personal Appearance Services	
	1.	
	2.	
	3.	
	Note: Every person who physically carries out Higher Risk Personal Appearance Services must have achieved the competency standard <i>HLTIN402B - Maintain Infection Control Standards in Office Practice Settings</i> . Evidence that shows each of the persons listed above has achieved this competency standard must be provided before a licence can be issued.	
Section 5	Has the applicant ¹ been convicted (or found guilty) of any of the following offences ² ? Please Tick Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<ul style="list-style-type: none"> An indictable offence (Drink driving and minor traffic offences are not indictable offences) An offence against the Public Health (Infection Control for Personal Appearance Services) Act 2003 or a corresponding law³ 	

	<ul style="list-style-type: none"> An offence, relating to the provision of personal appearance services, against an Australian or foreign law <p>Has the applicant held a licence under the Public Health (Infection Control for Personal Appearance Services) Act 2003, or a licence or registration under a corresponding law, which was suspended or cancelled? Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the applicant had an application for the registration of an establishment refused under the Health Regulation 1996? Please Tick Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has the applicant had an application for the registration of an establishment refused under the Health Regulation 1996? Please Tick Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has the applicant had an application for the registration of an establishment suspended or cancelled under the Health Regulation 1996? Please Tick Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>¹Includes a corporation's executive officer...²You are not required to give details of convictions for which the rehabilitation period under the Criminal Law (Rehabilitation of Offenders) Act 1986 has expired and not revived under section 11 of that Act...³A "corresponding law" is an Australian or foreign law that provides, or provided, for the same matters as the Public Health (Infection Control for Personal Appearance Services) Act 2003.</i></p>										
<p>Section 6</p>	<p>State the type of Higher Risk Personal Appearance Service you intend to provide:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>										
<p>Section 7</p> <p><i>Step 6: Charges – Select applicable category denoted in Step 5.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #0070C0; color: white;"> <th colspan="2" style="text-align: left; padding: 5px;">Fee Schedule 2020 - 2021</th> </tr> <tr> <td colspan="2" style="padding: 5px;">The term of an annual licence fee applies from 1st October to 30th September each year. Note: there are no pro rata charges.</td> </tr> <tr> <td style="padding: 5px;">Initial Application and Licence</td> <td style="text-align: right; padding: 5px;">\$388.00</td> </tr> <tr> <td style="padding: 5px;">Annual Renewal Licence</td> <td style="text-align: right; padding: 5px;">\$351.00</td> </tr> <tr> <td style="padding: 5px;">Additional inspections for non-compliance</td> <td style="text-align: right; padding: 5px;">\$207.50</td> </tr> </table>	Fee Schedule 2020 - 2021		The term of an annual licence fee applies from 1st October to 30th September each year. Note: there are no pro rata charges.		Initial Application and Licence	\$388.00	Annual Renewal Licence	\$351.00	Additional inspections for non-compliance	\$207.50
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<p>Section 8</p>	<p>Name:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 30px;"> </td></tr> </table> <p>Licence Number:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 30px;"> </td></tr> </table> <p>I / We declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.</p>										

	Print Name				
	Signature by or for Applicant:				
	Date:				
Office Use	Cashier Initials	Fee Paid	Date	Receipt Number	Application Number

Cassowary Coast Regional Council – Information Privacy Statement:

The Cassowary Coast Regional Council respects your privacy. Your personal information has been collected for the purpose of assessing your Application to Carry on Business Providing Higher Risk Personal Appearance Services including New, Renewal & Amendment. The collection of your information is authorised under the Public Health (Infection Control for Personal Appearance Services) Act 2003. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.

PAYMENT OPTIONS



Payment By BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit or credit card or transaction account. For more information go to www.bpay.com.au. Please quote **Bill Code 112698** and the **Payment Reference Number** (See Invoice)



Paying In Person

Payments can be made in person to:

Cassowary Coast Regional Council - Tully Civic Centre
38-40 Bryant Street, Tully
Monday to Friday 8:30 am to 4:30 pm

Cassowary Coast Regional Council - Cardwell Office
2 Balliol Street, Cardwell
Monday to Friday 9:00 am to 4:00 pm (closed 1:00 pm to 2:00 pm each day)

Cassowary Coast Regional Council - Innisfail Office
70 Rankin Street, Innisfail
Monday to Friday 8:30 am to 4:30 pm

Cash, Cheque, Debit or Credit Cards (Mastercard and Visa accepted)



Payment By Mail

Detach the remittance advice found on the bottom of the first page and mail with your payment to:

Cassowary Coast Regional Council
PO Box 887
INNISFAIL QLD 4860

Cheque or Money Orders should be made payable to Cassowary Coast Regional Council and crossed 'Not Negotiable'. If a receipt is required then please tick 'Receipt Required' box within the Remittance Advice.