

CASSOWARY COAST REGIONAL COUNCIL

PO Box 887 INNISFAIL QLD 4860

Ph: 1300 763 903

Email: enquiries@cassowarycoast.qld.gov.au

Application for Licence to	Carry Out Business Providing Higher Risk Personal
Appearance Services	
Applicable Law: Public Health (Infection Control for Personal Appearance Services) Act 2003	
Application Type:	
New Licence:	Fixed Premises Mobile Premises
Renewal of Licence:	
Amendment of Licence:	
Additional Inspection:	
Applicant Details:	
Name:	
Address:	
Telephone:	
Email:	
Business Details:	
Trading Name:	
Address of Premises:	
Lot on Plan:	
Vehicle Registration:	
Business Hours:	
Postal Address:	
	Out Higher Risk Personal Appearance Services:
Name/s:	
Note:	Every person who physically carries out Higher Risk Personal Appearance Services must have achieved the competency standard HLTIN402B - Maintain Infection Control Standards in Office Practice Settings. Evidence that shows each of the persons listed above has achieved this competency standard must be provided before a licence can be issued.
State the type of Higher Risk Personal Appearance Service you intend to provide:	
Has the applicant been convicted (o	or found guilty) of any of the following offences?:
Yes	
No 🗆	
	cence under the Public Health (Infection Control for Personal Appearance egistration under a corresponding law?
No 🗆	

Has the applicant had an application	for the regis	tratio	n of an es	tablishment refuse	d under the Health Regulation
1996?					
Yes □					
 No □					
Has the applicant had an application	for the regis	tratio	n of an es	tahlishment susner	nded or cancelled under the
Health Regulation 1996?	rior the regis	ciatioi	i oi ali cs	iabiisiiiiieiit suspei	idea of cancelled ander the
_					
Yes					
No 🗌					
Prescribed Fees 2025-2026:					
Initial Application and Licence					\$ 466.00
Annual Licence Renewal					\$ 423.00
Additional inspections for non-con	nnlianco				\$ 249.50
Additional inspections for non-con	прпапсе				J 243.50
Please note:					
 All Sections of this form must be 	completed a	nd ann	lication su	hmitted to Council	at least 14 days in advance of t
event, otherwise the application				brillited to Codricii i	or least 14 days III advance or t
 Incomplete application forms or a 	applications la	acking	the requir		
issuing an 'Insufficient Information					ther until the required informatio
is supplied within 14 days of the					our mont of the amplication
Council can require you to provideIf Council approves the application					
 Non-compliance with permit cond 		•		•	• •
Customer Acknowledgement / Dec					
I/ We declare that the information provenguiries and exchange of information					
to any matters relevant to this applicat		163 01 0	illy Local,	otate/refritory of oc	minonwealth department in regal
PRINT NAME		SIGN	IATURE		DATE
Information Privacy Statement:					
-					
Cassowary Coast Regional Council is collectin					
applicable laws. Your information is being colle by authorised Council officers and disclosed to					
voluntary; however, if you do not supply the red	quested informat	ion, Cou	ncil may be	unable to provide the red	quested service. You have the right to
access and amend your personal information hon Council's website www.cassowarycoast.qld		subject t	o iegai consi	таннь. гот тноге іпіогта	non, piease view Council's <u>Privacy Polic</u>
OFFICE LISE ONLY: Application C	rostion				
OFFICE USE ONLY: Application C		,	/		Admin Initiala:
Application Number:	Date:	/			Admin Initials:
Receipt No.:					