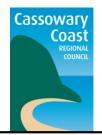
CASSOWARY COAST REGIONAL COUNCIL

PO Box 887, 70 Rankin Street INNISFAIL QLD 4860

E: enquiries@cassowarycoast.qld.gov.au

P: **1300 763 903**

W: www. cassowarycoast.qld.gov.au



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

Step 1: Module Code: Plus Primary Group:PersAppear Primary Category: Select applicable

APPLICATION FOR LICENCE TO CARRY OUT BUSINESS PROVIDING HIGHER RISK PERSONAL APPEARANCE SERVICES

To: Chief Executive Officer, Cassowary Coast Regional Council

THIS APPLICATION WILL BE CONSIDERED AND ASSESSED WHEN PAYMENT AND COMPLETED APPLICATIONS HAVE BEEN RECEIVED

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.

For premises where tattooing will be conducted, please contact the Office of Fair Trading to obtain all necessary licences under the *Tattoo Parlours Act 2013* before proceeding with this application.

For New Premises Only

- 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.

Section 1 Application Type (tick each applicable) Application is for: Step 2: New Licence - Fixed Premises Description - Who -New Licence - Mobile Premises Trading name/applicant name - Where -Renewal of Licence Proposed location of Amendment of Licence activity - What-Additional Inspection Application for Personal Appearance Services Section 2 **Applicant/s Details** Name/s of Applicant (Individual Proprietor or Corporation) Step 4: Associated Names – Applicant Name Under the Corporations

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(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							
	Please identify the trading name of the business:							
Step 3: Primary								
Property	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)							
Real Property Description - refer to								
Rates Notice	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 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.							
Section 5	Has the applicant¹ been convicted (or found guilty) of any of the following							
	offences²? Please Tick Yes □ No □							
	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 law ³							

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	An offence, relating to the provision of personal appearance service against an Australian or foreign law					
	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 □ Yes □ No					
	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 □ Yes □ No					
	Has the applicant had an application for the registration of an establishment refused under the Health Regulation 1996? Please Tick Yes □ No □					
	Has the applicant had an application for the registration of an establishment refused under the Health Regulation 1996? Please Tick Yes □ No □					
	Has the applicant had an application for the registration of an establishment suspended or cancelled under the Health Regulation 1996?					
	Please Tick Yes □ No □					
	¹ Includes a corporation's executive officer ² You are not required to give det 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 ³ A "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.	v				
Section 6	State the type of Higher Risk Personal Appearance Service you intend to provide:					
Section 7	Fee Schedule 2023 - 2024					
Step 6: Charges – Select applicable category	The term of an annual licence fee applies from 1st October to 30 th September e year. Note: there are no pro rata charges.	ach				
denoted in Step 5.	Initial Application and Licence \$43	4.00				
	Annual Renewal Licence \$39	4.00				
Section 8	Additional inspections for non-compliance \$23. Name:	2.50				
Section 0	Name.					
	Licence Number:					
	I / We declare that the information provided by me in this application is true a 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.	n				

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	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.

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