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

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

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: Please submit your application at least 40 days prior to the proposed business commencement date; pay the prescribed fee, and provide:

- 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.

Application type *(tick each applicable)*:

☐ New licence – fixed premises	☐ New licence – mobile premises	☐ Renewal of licence
☐ Amendment of licence	☐ Additional inspection	

Applicant details:

Applicant name: *(individual proprietor or corporation)*	**First name:**	**Surname:**
Directors name's: *(For Corporations)*		
Corporation registered address:		
ABN:		
Contact name: *(for this application)*		
Contact phone number/s:		
Email address:		
Postal Address:		

Business details:

Business trading name:	
Business residential address: *(If applicable - include name of shopping centre, or if mobile vehicle/trailer, the address where it will be stored)*	
Lot and registered plan number:	
Vehicle registration number:	
Postal address *(for documentation)*	
Proposed days & hours of operation: *(e.g. 10 am – 5pm, Mon - Fri)*	

Details of persons carrying out higher risk personal appearance services:

Provide a list of all persons who will be carrying out Higher Risk Personal Appearance Services

Name 1:		**Qualification:**	
Name 2:		**Qualification:**	
Name 3:		**Qualification:**	

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***. Please attach evidence that shows each of the people listed above has achieved this competency standard, as this must be provided before a licence can be issued.

Has the applicant[1] been convicted or found guilty of any of the following offences[2]?

[1]Includes a corporation's executive officer…[2]You 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…[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.

An indictable offence *(Drink driving and minor traffic offences are not indictable offences)*	☐ Yes	☐ No
An offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003* or a corresponding law[3]	☐ Yes	☐ No
An offence, relating to the provision of personal appearance services, against an Australian or foreign law	☐ Yes	☐ No
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?	☐ 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?	☐ Yes	☐ No
Has the applicant had an application for the registration of an establishment refused under the Health Regulation 1996?	☐ Yes	☐ No
Has the applicant had an application for the registration of an establishment refused under the Health Regulation 1996?	☐ Yes	☐ No
Has the applicant had an application for the registration of an establishment suspended or cancelled under the Health Regulation 1996?	☐ Yes	☐ No

State the type of Higher Risk Personal Appearance Services you intend to provide:

Applicant Declaration:

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.

Name:			
Licence number:			
Signature:		**Date:**	

Prescribed Fees:

The term of an annual licence fee applies from 1st October to 30th September each year.
Note: there are no pro-rata charges

Please refer to "*Regulatory Services - Schedule of fees and charges for permits and licences"* on Council's website.

Payment Options

note that payment can only be made after the application is received by Council

BPay:	☐ Please tick if you would like an invoice to be emailed so you can pay by BPay
In person:	☐ Payment by EFTPOS at Customer Service Centres
Via phone:	☐ Please tick if you would like to pay by credit card, and an officer will call you to take payment

Please return your completed application via one of:

By email: enquiries@cassowarycoast.qld.gov.au
By post: Cassowary Coast Regional Council, PO Box 887, Innisfail QLD 4860
In person: For Customer Service locations & office hours, visit: Contact Council | Cassowary Coast Regional Council or phone 1300 763 903

Cassowary Coast Regional Council – Information Privacy Statement:

Cassowary Coast Regional Council is collecting your personal information in accordance with the Information Privacy Act 2009 (QLD), and other applicable laws. Your information is being collected for the purpose of processing your application and/or responding to your enquiry. It may be used by authorised Council officers and disclosed to other agencies or third parties where required or permitted by law. Providing this information is voluntary; however, if you do not supply the requested information, Council may be unable to provide the requested service. You have the right to access and amend your personal information held by Council, subject to legal constraints. For more information, please view Council's Privacy Policy on Council's website www.cassowarycoast.qld.gov.au

The Council may, by written notice, request the applicant to provide further reasonable information or clarification of information, documents, or materials to be included in the application. Council may require an application to include site plans, management plans, relevant consents, evidence of public liability insurance etc. Please note an application to Council may require approvals under another Act, for example in relation to development, building, liquor carriage of goods and business licensing etc. Should the applicant not provide information, documents, or materials to be included in the application, the application may lapse. See Section 7 *Cassowary Coast Regional Council Local Law No 1 (Administration) 2022.*