

APPLICATION FOR HIGHER RISK PERSONAL APPEARANCE SERVICE

Public Health Act 2003
Infection Control for Personal Appearance Services



Please complete all details in full.

Privacy Statement

Maranoa Regional Council is collecting your personal information in accordance with the *Local Government Act 2009* in order to assess your request. The information will only be used by authorised officers for the purpose of assessing your request. Your information will not be given to any other person or agency unless you have given us permission or we are required or allowed to by law.

Maranoa Regional Council

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APPLICATION REQUIREMENTS AND INFORMATION

This application is for any Higher Risk Personal Appearance Service under the Public Health (Infection Control for Personal Appearance Services) Act 2003.

DEFINITIONS:

Eg: Tattooing: the process of penetrating a person's skin and inserting into it colour pigments to make a permanent mark, pattern or design on the skin.

Eg: Body Piercing: The process of penetrating a person's skin or mucous membrane with a sharp instrument for the purpose of implanting jewellery or other foreign material through or into the skin or mucous membrane. Note: does not include the process of piercing a person's ear or nose with a closed piercing instrument.

WHAT TYPE OF BUSINESS LICENCE ARE YOU APPLYING FOR?

New Food Premises – Have you contacted Council's Planning Department to ensure you can lawfully operate from the premises?

Fixed/Existing Premises

APPLICANT (LICENSEE) DETAILS

Entity type Corporation Incorporated association Individual / other entity

Name (Family trust is not a legal entity for a food business licence)

Postal address

Suburb State Postcode

Phone Mobile

Email

BUSINESS DETAILS

Trading name

Business Address

Suburb State Postcode

Licensee name ACN / ABN No

Preferred contact person

Business phone Phone Mobile

Email address*

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BUSINESS ACTIVITY – PLEASE SELECT ALL ACTIVITIES THAT APPLY TO YOUR FOOD BUSINESS

<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Tattooing
<input type="checkbox"/> Implanting natural or synthetic substances into a person's skin. For example, hair or beads.	<input type="checkbox"/> Scarring or cutting a person's skin using a sharp instrument to make a permanent mark, pattern or design.
<input type="checkbox"/> Other (Please provide details)	
Hours of operation (Please provide days and times)	
Proposed start date	

PLAN REQUIREMENTS (DO NOT COMPLETE THIS SECTION IF YOU ARE NOT MAKING ANY ALTERATIONS TO PREMISE)

Plans are required to be submitted with this application if you are fitting out a new premise or making changes to an existing one. Two copies of the following plans (drawn to scale not less 1:50) must be provided via hard copy.

<input type="checkbox"/> Floor plan including treatment and preparation areas
<input type="checkbox"/> Elevations of treatment station
<input type="checkbox"/> Any technical reports or other information such as brochures or photos can be attached to accompany the plans

GENERAL DETAILS

Functionality	Indicated on plans?	
Details and Location	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Handwashing	Indicated on plans?	
Type/Capacity and Number	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Instrument and Equipment Cleaning Facilities	Indicated on plans?	
Details	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Floors	Indicated on plans?	
Fit out material	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Walls	Indicated on plans?	
Fit out material	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPLICATION FOR HIGHER RISK PERSONAL APPEARANCE SERVICE



Ceilings		Indicated on plans?	
Colour & Design	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Finishing Materials		Indicated on plans?	
Surfaces	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Coving			
Water Supply		Indicated on plans?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Waste Disposal		Indicated on plans?	
Details	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
General Waste			
Sharps Disposal			
Contaminated Waste			
Disinfecting and Sterilising		Indicated on plans?	
Type of Chemical/Method used	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Disinfecting			
Sterilising			
Lighting		Indicated on plans?	
Details	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

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PUBLIC LIABILITY INSURANCE – PLEASE PROVIDE CERTIFICATE OF CURRENCY

Name of Insurance Company

Policy Number

Date Policy Expires

FEES AND CHARGES

For a full list of fees and charges please refer to Council's Fees and Charges Schedule.

<http://www.maranoa.qld.gov.au/rates-fees-and-charges>

APPLICANT DECLARATION

If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

I 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.

I am aware that it is an offence to knowingly provide false or misleading information. I am also aware that it is an offence to commence operating a food business without an approved food business licence.

Name of Individual/Organisation

Name of Signatory (If applicant is an organisation)

Position (Proprietor, Director, Manager etc)

Signature

Date