

APPLICATION FOR HIGHER RISK PERSONAL APPEARANCE SERVICE



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

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

Fixed/Existing Premises

Mobile Premises

APPLICANT (LICENSEE) DETAILS

Entity type Corporation Incorporated association Individual / other entity

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

Postal address

Suburb State Postcode

Phone Mobile

Email

BUSINESS DETAILS

Trading name

Business Address

Lot and Plan:

Suburb State Postcode

ACN / ABN No

Preferred contact person

Business phone Phone Mobile

Email address*

MOBILE PREMISES (If applicable)

Description of the premises (eg. vehicle, caravan details)

Vehicle Registration Number:

Address where the mobile premises may be inspected

Suburb State Postcode

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BUSINESS ACTIVITY – PLEASE SELECT ALL ACTIVITIES THAT APPLY TO YOUR 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

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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 high risk personal appearance business without an approved high risk personal appearance business licence.

Has the applicant¹ been convicted (or found guilty) of any of the following offences²

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	An indictable offence (drink driving and minor traffic offences are not indictable offences);
<input type="checkbox"/>	<input type="checkbox"/>	An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law ³
<input type="checkbox"/>	<input type="checkbox"/>	An offence against the <i>Health Act 1937</i> or an Australian or Foreign law regulating the same subject matter as that Act;
<input type="checkbox"/>	<input type="checkbox"/>	An offence, relating to the provision of personal appearance services, against an Australian or Foreign law.
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , or a licence or registration under a corresponding law, that was suspended or cancelled?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , or a licence or registration under a corresponding law?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant had an application for the registration of an establishment refused under the <i>Health Regulation 1996</i> ?
<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant had the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996</i> ?
<input type="checkbox"/>	<input type="checkbox"/>	Have you applied for a licence or permit under the <i>Tattoo Industry Act 2023</i> (previously <i>Tattoo Parlors Act 2013</i>)? For further information, including licensed under the <i>Tattoo Industry Act 2013</i> , please contact the Department of Justice and Attorney General, Office of Fair Training

¹ Includes a corporation's executive officer

² You are not required to give details of convictions to which the rehabilitation period under the *Criminal Law (Rehabilitation of Offenders) Act 1986* has expired and is 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*

Name of Individual/Organisation

Name of Signatory (If applicant is an organisation)

Position (Proprietor, Director, Manager etc)

Signature

Date: