Gayndah Shire Council

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

Higher Risk Personal Appearance Services Licence

Application for a Licence to Carry on Business Providing Higher Risk **Personal Appearance Services**

Contact Council if you have any specific enquiries regarding fees or how to complete

	this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.	
_	Application is for Higher Risk Personal Appearance Services Licence	Fee \$
If applicant is a company, insert company name and ACN/ARBN.	Applicant/s details	
	Company name	ACN/ARBN
	Title Mr Mrs Ms Miss O	Other (specify)
If applicant is a Company/Corporation, director's names must be included.	Family name	
	Given names	
	Position	
	Has the applicant ¹ been convicted (or found guilty) of any of the f	following offences ² :
If you select any of the		•
boxes, please attach a full explanation to this application on a separate sheet.	An indictable offence (drink driving and minor traffic offences are not indictable offences);	
	An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law ³ ;	
	An offence against the <i>Health Act 1937</i> or an Australian or F that Act;	Foreign law regulating the same subject matter as
	An offence, relating to the provision of personal appearance	services, against an Australian or Foreign law.
	Has the applicant held a licence under the <i>Public Health(Infe Act 2003</i> , or a licence or registration under a corresponding I	• • • • • • • • • • • • • • • • • • • •
	Has the applicant been refused a licence under the <i>Public H Services</i>) <i>Act 2003</i> , or a licence or registration under a corres	
	Has the applicant had an application for the registration of a 1996?	n establishment refused under the Health Regulation
	Has the applicant had the registration of an establishment statement 1996?	uspended or cancelled under the Health Regulation
	Signature	Date//
	includes a correction's sussetting officer	
	 includes a corporation's executive officer. You are not required to give details of convictions for w 	which the rehabilitation period under the <i>Criminal Law</i>
		the state of the s

- (Rehabilitation of Offenders) Act 1986 has expired and is not revived under section 11 of that Act.
- 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.

Contact person	Select as applicable.	Contact details Business Private	
Locality / Suburb State Postcode Pos		Contact person	
Contact ph. Contact ph. Contact ph. Contact fax		Postal address	
Contact ph. Contact ph. Contact ph. Contact fax			
Business name must be registered with the Office of Pair Tradings. If more than one premises please attach dadfloral information to this form.		Locality / Suburb State Postcode Postcode	
Business details of proposed premises		Contact ph.	
Business name must be registered with the Office of Fair Trading. If more than one premises, please attach additional information to his form. If applicant is a company corporation. Enter postal address of Company Corporation. Enter postal address if Locality / Suburb Postal address (for service of documents) Postal address. Contact ph.		Contact fax Email	
registered with the Office of Fair Trading. If more than one premises, please attach additional information to this form. If applicant is a company insert registered address or Company/Corporation. Real property description—refer to Rates Notice. Mobile Premises Vehicle registration no. Address where the mobile premises (eg vehicle, caravan details)		Business details of proposed premises	
If more than one premises, please attach additional information to this form.	registered with the Office	Business name BN BN	
insert registered address of Company/Corporation. Postal address (for service of documents) Postal address if different from street address. Contact ph.	If more than one premises, please attach additional	Street address	
Postal address (for service of documents) Contact ph. Contact tax Description Email Postcode Post		Locality / Suburb State Postcode Postcode	
Locality / Suburb State Postcode Pos		Postal address (for service of documents)	
Contact ph. Contact ph. Contact fax Contac	different from street	Locality / Suburb	
Contact fax	address.		
Teder to Rates Notice. Description of the premises (eg vehicle, caravan details) Vehicle registration no. Address where the mobile premises may be inspected Locality / Suburb State Postcode State the type of higher risk personal appearance services you intend to provide: Lodgement Please attach the following: 1. A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed fixed and/or mobile premises. Details including bench surface material, location of hand basin, etc should be included. 2. Full explanation of selected box/es in the Applicant details section (if applicable). 3. Additional premises details (if applicable).			
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