	North Burnett Regional Council 34-36 Capper Street Gayndah QLD 4625 PO Box 390 Gayndah QLD 4625							
	Telephone 1300 696 272 Facsimile 4161 1425 Email admin@northburnett.qld.gov.au NORTH BURNETT Website www.northburnett.gov.au REGIONAL COUNCIL							
	Personal Appearance Services Licence Application							
	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							
	Application Fee \$							
	Amendment Fee \$							
If applicant is a company,	Applicant/s details							
insert company name and ACN / ARBN	Company name ACN / ARBN							
	Title Mr Mrs Ms Miss Other (specify)							
	Family name							
	Given names							
	Position							
	I declare the information provided in this application to be true and correct.							
	Signature Date / / / / /							
	Title Mr Mrs Ms Miss Other (specify)							
	Family name							
	Given names							
	Position							
	I declare the information provided in this application to be true and correct.							
	Signature Date / / / /							
Current Licence No.	Licence no. Expiry date							
Select as applicable.	Contact details Business Private Contact person Postal address							
	Locality / Suburb State Department							
	Contact ph.							
Office Use Only								
Entered by								
Application no.								

	Business details							
Business name must be registered with the Office of Fair Trading.	Business name							
advise exact location??	Street address							
	Locality / Suburb	State						
Enter postal address if different from street address.	Postal address							
	Locality / Suburb	State						
	Contact person							
	Contact ph. Image: Mobile Image: Mob							
Real property description – refer to	Lot no. Reg. plan no.	Parish						
Rates Notice.	Description of food business: (eg. café, restaurant, cannery, etc)							
	Does your business involve any off-site catering?	s No						
	Licence specific details	Dedu sizesias						
		Body piercing						
		mplanting natural or synthetic substances						
	Infection Control Qualifications Have all persons providing a higher risk personal appearance service the required Control Qualifications?							
	NO You are not able to provide a higher risk persona							
	Yes Attach copies of the Statement of Attainment issued by and accredited training provider for all							
	persons providing this service.							
	Amendment/s to current Licence or for Replacement of Licence							
	Suitability of person to hold a licence The curre If the existing premises have been modified with							
	transferred. Current Licencee's name Individual or organization	Current Licensee's name Individual or						
	Name of Signatory <i>If applicant is an organisation</i>	Position, Proprietor, Director, Manager						
		Signature and date						
	where the state of the second							

			Ietion checklist Required with this application 1. Completed and signed application form							k box / es
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Mailing Address: Street Address: Telephone: Facsimile: Email: Web: ABN:

PO Box 390, Gayndah Qld 4625 34-36 Capper Street, Gayndah Qld 4625 1300 696 272 (07) 4161 1425 admin@northburnett.qld.gov.au northburnett.qld.gov.au 23 439 388 197

Personal Appearance Services Licence Application Guidelines

Notes in relation to specific fields on the application

For all fields, if the space is insufficient please provide the required information in a clearly marked attachment.

1 Application type

As this form can be used for several different application types in relation to Higher Risk Personal Appearance Services, you must determine the purpose of your application. This also decides the fee payable for the application.

Select **New Licence** where premises have not previously been approved for this purpose, or where a previous approval has lapsed. You would also select **New Licence** if you take over a business **and** plan to significantly alter the premises or operation.

Select **Amendment to Licence** if you already hold the licence and intend on making significant alterations to the operation, eg. *Changing the processes or services*.

Select **Transfer** only where you are taking over an existing licence. The premises must have a current licence, no changes to the operation must have been made and you must obtain the current licence holder's written consent.

Select **Plan assessment/ Design requirements only** where you need advice on the suitability or the requirements for the design of the premises, but you are not ready to operate the Personal Appearance Service within 60 days. A licence will not be issued for this type of application.

2 Premises type

Select the appropriate box for the type of premises that you are applying for. You are required to complete an individual application for each fixed premises. If you are providing personal appearance services from fixed as well as mobile premises, tick both boxes.

PART A

3 Premises details

You must use the official address of the location where the activity will be carried out, and include any unit number if applicable. If you are unsure of the official (rateable) address, please confirm by contacting the landowner or alternatively phone Council on 1300 696 272.

4 RPD

This is the Real Property Description, ie. *The lot and plan,* of the parcel of land. List all applicable lots, 1-3 on Plan RP1234 or Lot 1 On Rp 1234 and Lot 3 on SL4321. The RPD is listed on the rate account, if you are unsure please confirm by contacting the landowner or alternatively phone Council 1300 696 272.

5 Development Approval

This question is not applicable for a Mobile activity.

If your approval involves a change of the use of the site or construction or alteration of buildings, you may require a Development Permit under the City Plan (previously known as Town Plan Approval or Consent), or other approvals. **You are responsible** for investigating if your proposal requires any other approvals. To determine if you need a Development Permit please phone Council on 1300 696 272 and ask to speak with a Town Planning Consultant or a Customer Liaison Officer. You must either have a Development Permit for your activity. If you answer NO or you do not know the answer to this question, you need to determine the suitability of the site for your proposed use DO NOT LODGE THE APPLICATION AT THIS TIME. You may not be able to legally carry out the activity.

PART B

6 Applicant's details

The primary applicant must be the person who will hold the permit and be legally responsible for the operation.

Where the applicant is an individual, provide full name eg. *Mr John Peter Smith*. Where the applicant is a partnership of individuals, provide full name eg. *Mr John Peter Smith*,

Mr David Geoffery Smith and Miss/Mrs/Ms Mary Jane Smith

Where the applicant is a corporation, provide full name of corporation as registered,

eg.Queensland Best Pty Ltd or My Company Ltd. Note that a business name is not a legal entity and cannot be the permit holder.

7 ABN

Give your Australian Business Number here. Any person or organisation that conducts a business is issued with an ABN.

8 Registered address

This is the address of the registered office where you can receive legal documents. This may be the same address as the location of the activity. A post office box **cannot** be a registered office.

11 Contact person

You may want to nominate a contact person for the application, eg. *your manager*. An organisation **must** nominate a contact person.

12 Contact details

Give the contact details where you can be reached on a daily basis during business hours.

13 Agent or consultant details

If an agent or consultant is assisting you with the application, the relevant details must be supplied. This person will receive all correspondence in relation to the application, but will not be listed as the permit holder or receive future correspondence such as renewal notices. *Leave this section blank if you are not using an agent.*

PART C

Licence of specific details

14 Activity category

Consult the Personal Appearance Services Licence Guide for additional description of the categories. Select all categories that apply.

15 Mobile Premises

Provide detail of the vehicle here if your application is for a mobile premises.

16 Infection Control Qualification

Since 1 July 2005, only persons who have obtained the required Infection Control Qualification can provide a higher risk personal appearance service. If you are not able to provide copies of the Statement of Attainment at the time of application, eg. *If you have not yet employed your staff,* you will be required to provide these prior to commencing your activity.

PART D

17 Amendment to licence

This section is only applicable if you are requesting an amendment to your current licence. You need to clearly indicate the proposed amendment, eg. *Change to conditions,* please attach supporting documentation if relevant.

PART E

18 Transfer to licence

The current licence holder must consent to the transfer if the licence to the applicant. A transfer may only be considered where there have been no alterations to the operation. It is strongly recommended to obtain an Inspection Report (pre-sale report) prior to applying for a transfer, as this report will indicate any outstanding issues with the current licence.

PART F

19 Applicant suitability, declaration and signature

If you are supplying commercially sensitive or confidential information, please ensure you mark such information clearly. If the application is made by an organisation, the person signing this form must occupy a position that is legally entitled to make and application on behalf of the organisation.

PART G

20 Completion checklist

The checklist is used both by the applicant to make sure that the application is completed, and by Council officers to quickly assess if all vital elements of the application have been included.

