

APPLICATION FOR A LICENCE TO CARRY ON BUSINESS PROVIDING HIGHER RISK PERSONAL APPEARANCE SERVICES		
<i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>		
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.		
Fees and charges are available on Council website at www.banana.qld.gov.au or by contacting our Customer Service on (07) 4992 9500.		
Conditions may be imposed on the permit as considered appropriate by Council.		
Transfer – making alterations or changing details of an existing licencee.	<input type="checkbox"/> New – Fixed Premises	Application Fee + Annual Licence Fee
	<input type="checkbox"/> New – Mobile Service	Application Fee + Annual Licence Fee
	<input type="checkbox"/> Transfer Fee	Application Fee only
LICENCEE / APPLICANT DETAILS If applicant is a corporation, insert corporation name and ACN. If applicant is an individual/s insert details here To be completed for all applications.	APPLICANT 1	
	Corporation name:	ACN:
	Name:	Position:
	OR	
	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify)	
	Family name	
	Given names	
	APPLICANT 2	
	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify)	
	Family name	
Given names		
Postal address for delivery of correspondence associated with this licence.	Postal address	
	Locality / Suburb	State Postcode
	Phone Number	Mobile Number
	Fax Number	Email
SUITABILITY OF APPLICANT		
Does the applicant or an executive officer, if applicant is a corporation, have a conviction for a relevant offence other than a spent conviction?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the applicant or an executive officer, if applicant is a corporation, 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"/> Yes <input type="checkbox"/> No		
Has the applicant or an executive officer, if applicant is a corporation, 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"/> Yes <input type="checkbox"/> No		
Has the applicant or an executive officer, if applicant is a corporation, had an applicant for registration of an establishment refused under the <i>Health Regulation 1996</i> , part 15?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the applicant or an executive officer, if applicant is a corporation, held a registration of an establishment under the <i>Health Regulation 1996</i> , part 15, that was suspended or cancelled?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answer "yes" to any of the above questions, you must attach a full explanation of the circumstance.		

DETAILS OF PROPOSED BUSINESS PREMISES For Fixed Premises If more than one premises please attach details Real property description – refer to Rates Notice.	Property address		
	Locality/town	State	Postcode
	Lot No.	Registered Plan No.	
	Plans drawn to scale, not smaller than one to fifty (1:50) of the proposed premises is provided with this application. Details, for example, bench surface material, location of hand basin etc should be included. <input type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE DETAILS For Mobile Premises	Description of the premises (eg vehicle, caravan):		
	Vehicle Registration No:		
	Address where the mobile premises may be inspected:		
	Property address		
	Locality/town	State	Postcode
	Plans drawn to scale, not smaller than one to fifty (1:50) of the proposed premises is provided with this application. Details, for example, bench surface material, location of hand basin etc should be included. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	STATE THE TYPE OF HIGHER RISK PERSONAL APPEARANCE SERVICES YOU INTEND TO PROVIDE:		
CHECKLIST	An application for a licence to carry on business providing higher risk personal appearance services must include:		
	<input type="checkbox"/>	Completed Credit Application Form (CCS-RE-02)	
	<input type="checkbox"/>	Statement of Attainment of each proposed operator for the competency of HLTIN402-B Maintain Infection Control Standards in Office Practice Settings	
	<input type="checkbox"/>	Provide two copies of the plan of the proposed premises drawn to scale, not smaller than one to fifty (1:50), including the detailing of: <ul style="list-style-type: none"> • Details, position, and size of all plumbing fixtures • Details of the separation of dirty and clean areas • Details of all surface finished 	
DECLARATION APPLICANT ONE APPLICANT TWO	<i>I hereby apply for a higher risk personal appearance services licence as detailed in this application and tender the prescribed fee and supporting documentation where required.</i>		
	<i>I declare the information provided in this application to be true and correct.</i>		
	Signature	Date	/ /
	<i>I declare the information provided in this application to be true and correct.</i>		
	Signature	Date	/ /
Please note: This application form must be completed and signed and lodged with Council along with the prescribed fee.			
OFFICE USE ONLY	Date Received:	Application Checked: YES NO	
	Fee (\$):	Taken By:	
	Receipt No:	Other:	
	Subject: FID2669		
Banana Shire Council is collecting your personal information to process your application. The information will not be disclosed to any other person or agency external to council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the <i>Information Privacy Act 2009</i>			