

## APPROVAL APPLICATION

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

| APPLICANT DETAILS  |  |                           |
|--|--|---------------------------|
| <b>Applicant name</b><br><i>(full name or Pty Ltd)</i>   |  |                           |
| <b>Trading as</b>  |  |                           |
| <b>Contact name</b>  |  |                           |
| <b>Postal address</b>  |  |                           |
| <b>Telephone</b>   | (primary)  | (mobile)                  |
| <b>Fax</b>   |  |                           |
| <b>Email</b>   |  |                           |
| FIXED PREMISES DETAILS   |  |                           |
| <b>Premises name</b>   |  |                           |
| <b>Property address</b>  |  |                           |
| <b>Legal description</b>   | <b>Lot</b>   | <b>Plan</b>               |
| MOBILE PREMISES DETAILS  |  |                           |
| <b>Vehicle registration</b>  |  | <b>Vehicle Make/Model</b> |
| <b>Address for inspection</b><br><i>(must provide)</i>   |  |                           |
| Has the applicant <sup>1</sup> been (convicted) or found guilty of any of the following offences <sup>2</sup> :  |  |                           |
| <input type="checkbox"/>   | An indictable offence (drink driving and minor traffic offences are not indictable offences);  |                           |
| <input type="checkbox"/>   | An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law <sup>3</sup> ;  |                           |
| <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"/>   | An offence, relating to the provision of personal appearance services, against an Australian or Foreign law.   |                           |
| <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"/>   | 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"/>   | Has the applicant had an application for the registration of an establishment refused under the <i>Health Regulation 1996</i> ?  |                           |
| <input type="checkbox"/>   | Has the applicant had the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996</i> ?  |                           |
| <sup>1</sup>   | includes a corporation's executive officer   |                           |
| <sup>2</sup>   | You are not required to give details of convictions for which the rehabilitation period under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> has expired and is not revived under section 11 of that Act |                           |
| <sup>3</sup>   | A 'corresponding law' is an Australian or foreign law that provides, or provided, for the same matters as the <i>Public Health (infection Control for Personal Appearance Services) Act 2003</i> .                       |                           |
| <b>If any of the above boxes are selected, please attach a full explanation to the application up submission</b> |  |                           |

|   |  |   |
|---|--|---|
| <b>Is payment required?</b>   | No <input type="checkbox"/><br>(attach non profit or other evidence) | Yes <input type="checkbox"/><br>(Please complete Credit Card Authorisation if not paying in person) |
| <b>I hold an Operator Licence issued under the Tattoo Parlours Act 2013</b> | No <input type="checkbox"/>  | Yes <input type="checkbox"/><br>(Please attach)   |

**Prescribed Activity** - Please provide a brief description of the nature of the prescribed activity to be undertaken

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**Please also ensure the following documentation and/or materials are submitted in with this application and prescribed fee.**

- 1 A plan drawn to scale, not smaller than one to fifty (1:50) of the proposed fixed and/or mobile premises. Details to include bench surface material, location of hand basin etc**
- 2 Copy of Operator licence and full explanation of selected boxes on page one**

**IMPORTANT NOTICE - Privacy Statement**

Scenic Rim Regional Council is collecting your personal information in accordance with the *Public Health (infection Control for Personal Appearance Service) Act 2003* in order to assess and issue the application for approval. The information will only be accessed by Scenic Rim Regional Council for Council business related activities. Some of this information may be given to State or Commonwealth Government agencies if requested for the purposes or investigating any alleged offences under State or Commonwealth Legislation. Your personal information will not be given to any other person or agency unless you have given us permission or we are required by law. Your personal information is also handled in accordance with the *Privacy Act 2009*.

**Declaration**






I hereby apply for an approval to undertake the above mentioned prescribed activity. I certify that information I have provided is true, correct and subject to compliance by the applicant to the *Public Health (infection Control for Personal Appearance Service) Act 2003* and Policy of the Scenic Rim Regional Council.

|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|

**Council use only - PLUS Creation**

|                  |                      |                  |                  |
|------------------|----------------------|------------------|------------------|
| <b>Amount \$</b> | <b>Receipt #</b>     | <b>Doc set</b>   | <b>Cashier</b>   |
| <b>Date</b>      | <b>Application #</b> | <b>Date Recd</b> | <b>Resp area</b> |

**Submitting to Council - ABN 45 596 234 931**

|   |   |  |  |
|---|---|--|--|
|  | Scenic Rim Regional Council, PO Box 25, BEAUDESERT QLD 4285   |  |  |
|  | Beaudesert Customer Service Centre<br>Boonah Customer Service Centre<br>Tamborine Mountain Library & Customer Service | 82 Brisbane Street, Beaudesert<br>70 High Street, Boonah<br>Cnr Main St & Yuulong Rd, Tamborine Mountain |  |
|  | (07) 5540 5111  |                       | (07) 5540 5103   |
|   |   |                      | <a href="mailto:mail@scenicrim.qld.gov.au">mail@scenicrim.qld.gov.au</a> |