



**Townsville City Council**  
Environmental Health Services

***PUBLIC HEALTH (INFECTION CONTROL FOR  
PERSONAL APPEARANCE SERVICES) ACT 2003 >>  
APPLICATION FOR HIGHER RISK PERSONAL APPEARANCE SERVICES***

- >>Please ensure you submit this application at least 40 days before commencement of trade***
- >> Please call Environmental Health Services on 1300 878 001 for further information***

**PRIVACY COLLECTION NOTICE:**

You are providing information which will be used for the purpose of delivering services and carrying out council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.



# Application – Higher Risk Personal Appearance Service

Please read the application form carefully and complete all applicable sections.

## 1. What Are You Applying For? (Please tick one)

- Fitting out new fixed or mobile premises (complete sections 2-8)
- Amendment to an existing licence details - current licence No.:   
(complete sections 2 & 9 ONLY)
- Transfer of licensee for an existing licence – current licence No.:   
(Complete sections 2-7)
- Carrying out structural changes to an existing premises – current licence No.:   
(Complete sections 2-4 & 6-8)

## 2. Applicant Details (Please tick one – this must be the holder of the licence, either a person or a company)

### Please Note:

It is the responsibility of the applicant/licensee to ensure all contact details and postal addresses are up-to-date and current. All official correspondence will be sent to the last known postal address.

Individual

<b>Individual 1:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> <b>Last / Family Name:</b> <input type="text"/> <b>First / Given Name (s):</b> <input type="text"/> <b>Email:</b> <input type="text"/>	<b>Postal Address:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>Postcode</b> <input type="text"/> <b>Phone:</b> ( ) <input type="text"/> <b>Mobile:</b> 04 <input type="text"/>
<b>Individual 2:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> <b>Last / Family Name:</b> <input type="text"/> <b>First / Given Name (s):</b> <input type="text"/> <b>Email:</b> <input type="text"/>	<b>Postal Address:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>Postcode</b> <input type="text"/> <b>Phone:</b> ( ) <input type="text"/> <b>Mobile:</b> 04 <input type="text"/>



Corporation / Incorporated Association

<input type="text"/>	<b>Postal Address:</b>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Australian Company Number (mandatory)</b>	<b>Postcode</b>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Email</b>	<b>Phone:</b> ( ) <input type="text"/>
<input type="text"/>	<b>Mobile:</b> 04 <input type="text"/>

### 3. Applicant Declaration

#### Applicant Suitability Statement, Declaration & Signature

Have you ever had a licence refused, suspended or cancelled, or been found guilty of an offence under *Public Health (Infection Control For Personal Appearance Services) Act 2003* or *Health Regulation 1996* or corresponding law in other States or Territories?

No  Yes  Give details in an attachment

I understand that the information provided in and accordance with this application may be disclosed publicly under the Evidence Act 1977. I am aware that it is an offence to knowingly provide false or misleading information. 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.

Signature..... Print Name .....  
Position..... Date.....

### 4. Business Details

<b>Business Trading Name:</b>	<b>Postal Address:</b>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<b>Postcode</b>
<input type="text"/>	<input type="text"/>
<b>Physical address where business activity will be carried out/where mobile vehicle will be housed (cannot be a post office box)</b>	<b>Business Phone:</b> <input type="text"/>
<input type="text"/>	<b>Business Email:</b> <input type="text"/>
<input type="text"/>	<b>Intended date to start trade:</b> <input type="text"/>



## 5. Vendor Details (only complete this section if you are taking over existing licensed premises)

### A) Has the previous licensee surrendered or cancelled their licence?

- Yes – skip section B       No - complete section B

### B) Vendors Declaration

I, \_\_\_\_\_ declare that I am no longer the operator (licensee) of the above mentioned business and wish to be removed as a licensee.

Signature

Date

>> To be filled out if purchasing pre-existing business. The details for the previous licensee are to be completed below.

<b>Previous Licensee:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> <b>Last / Family Name:</b> <input type="text"/> <b>First / Given Name (s):</b> <input type="text"/> <b>Email:</b> <input type="text"/>	<b>Postal Address:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>Postcode</b> <input type="text"/> <b>Phone:</b> ( ) <input type="text"/> <b>Mobile:</b> 04 <input type="text"/>
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## 6. What Types of Activities Will Be Conducted (Please tick one)

- Body Piercing  
 Implanting Natural or Synthetic Substances into a Persons Skin, Including Hair or Beads  
 Scarring or Cutting a Persons Skin Using A Sharp Instrument To Make A Permanent Mark, Pattern or Design  
 Tattooing  
 Other (Please Give Details Below)



## 7. Notification of a suitably qualified person carrying out activity

**\*\*\*Business MUST have a suitably qualified person when submitting this form\*\*\***

A person must not personally provide a higher risk personal appearance service unless the person holds an infection control qualification.

<b>Individual 1:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Last / Family Name: <input type="text"/> First / Given Name (s): <input type="text"/> Contact number: <input type="text"/>	<b>Please provide the name of the relevant infection control qualification obtained:</b> <input type="text"/> <input type="checkbox"/> Copy of certificate of attainment course & institution attached - <i>Certificates MUST been attached</i>
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<b>Individual 2:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Last / Family Name: <input type="text"/> First / Given Name (s): <input type="text"/> Contact number: <input type="text"/>	<b>Please provide the name of the relevant infection control qualification obtained:</b> <input type="text"/> <input type="checkbox"/> Copy of certificate of attainment course & institution attached - <i>Certificates MUST been attached</i>
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\* If there are more than 2 qualified individuals carrying out the activity at this business, please attach an additional page with this application which details the same above information for the nominated person.



**8. Plan Requirements – This section must be completed if fitting out or changing the structure of the premise**

You will need to describe the fit out material, design, number and / or location in the boxes provided. All information included on this application form is to be clearly indicated on the submitted plans, i.e. colour, design and fit-out material.

Plans are required to be submitted with this application. Two copies of the following plans (drawn to scale not less than 1:50) must be provided:

- Floor plans including treatment and preparation areas
- Elevations of treatment station
- Any technical reports or other information such as brochures or photos can be attached to accompany the plans

Plans have been included:

Yes     No

If your proposal involves a change of use of the site or construction or alterations to buildings you may require a Development Permit under the City Plan or other approvals such as Building or Plumbing Approvals. It is your responsibility to ensure you obtain all relevant approvals.

**TOWN PLANNING**

Have you gained approval from Townsville City Council Planning & Development Unit for your business?

Yes     N/A

**PLUMBING AND DRAINAGE**

Have you gained approval from Townsville City Council Hydraulic Services for any new plumbing or drainage installed in your business?

Yes     N/A

**TRADE WASTE**

Have you contacted from Townsville City Council Source Control Unit regarding grease traps or releasing water to sewer from your business?

Yes     N/A

**BUILDING APPROVAL**

Have you gained approval from an independent building certifier to ensure your business is a class 6 against the 'Building Code of Australia'?

Yes – certificate attached     N/A

MATERIAL, DESIGN, NUMBER AND/OR LOCATION	Indicated on Plans? Yes / No
<p><b>FUNCTIONALITY – A1</b> Detail the separation of sterile/clean areas and contaminated/dirty areas-</p>	



<b>HAND WASHING – A2(a)</b>	
Please indicate the following about the hand wash basin/s to be installed : <ul style="list-style-type: none"> <li><input type="checkbox"/> Easily accessible</li> <li><input type="checkbox"/> Access to liquid soap &amp; paper towels</li> <li><input type="checkbox"/> Hands free tap controls</li> <li><input type="checkbox"/> Hot water supplied</li> </ul> Number of hand wash basins supplied:	
<b>INSTRUMENT &amp; EQUIPMENT CLEANING FACILITIES – A2(b)</b>	
Details of Sinks/Capacity & Number -	
<b>FLOORS – A3(a)</b>	
Colour –  Design –	
<b>WALLS – A3(b)</b>	
Colour –  Design –	
<b>CEILING – A3(c)</b>	
Colour –  Design –	
<b>FINISHING MATERIALS – A3(d)</b>	
Surfaces –  Coving -	
<b>FINISHES – JOINING SYSTEM – A4</b>	



<b>WATER SUPPLY</b>	
<b>LINEN &amp; CLOTHING – LAUNDRY &amp; STORAGE</b>	
<b>WASTE DISPOSAL</b>	
General Waste –	
Sharps Disposal –	
Contaminated Waste -	
<b>DISINFECTING &amp; STERILISING</b>	
Disinfecting –	
Sterilising -	
<b>LIGHTING</b>	

<b>CUSTOMER SERVICE USE ONLY</b>			
Licence No.:		Fee:	
DWX Web Ref.:		Receipt	
Assessment No.:		Date:	





## 9. Licence Amendment (select all that apply)

NEW business trading name

NEW business address

*This address cannot be a post office box.*

<hr/> <hr/> <hr/> <b>Postcode</b>
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>> Business phone number:

>> Email address:

Change condition on licence

If you are applying to change a licence condition on a current licence, please include details of the proposed changed and provide a reason why you wish to change this condition.

Applying for a licence condition to be changed?

Applying for a licence condition to be removed?

Licence Condition Number and Description:

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Reason for Amendment:

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Other (describe below)

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