

APPLICATION TO SURRENDER A HIGHER RISK PERSONAL APPEARANCE SERVICES LICENCE

Public Health (Infection control for personal appearance services) Act 2003
Infection Control Guidelines for Personal Appearance Services 2012



Purpose	Apply to surrender a higher risk personal appearance service licence to carry out skin penetration procedures.
Licence number	What is the current licence number for the business? _____
Business details If the licence is for a mobile business, give the address where the vehicle is housed	Trading name _____ Address where activity is carried out (NOT a post office box) _____ Suburb _____ State _____ Postcode _____ Business phone number _____ Email address _____
Applicant details Complete either individual or corporation as applicable	Individual 1 Full name _____ Postal address _____ Suburb _____ State _____ Post code _____ Contact phone number _____ Email address _____ Individual 2 Full name _____ Postal address _____ Suburb _____ State _____ Post code _____ Contact phone number _____ Email address _____ Corporation/ incorporated association Legal entity name _____ Trading name _____ Postal address _____ Suburb _____ State _____ Post code _____ Contact name _____ Contact number _____ Email address _____
Closure date	What is the intended closure date? _____

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Applicant declaration	<p>I declare that the information provided on this form is true and correct in every detail. I am aware that it is an offence to knowingly provide false or misleading information. I understand that the information provided in and accordance with this application may be disclosed publicly under the <i>Right to Information Act 2009</i> and the <i>Evidence Act 1977</i>.</p> <p>I wish to be removed as the licensee effective from the closure date stated above.</p> <p>Signature _____ Date _____</p> <p>Print name _____</p> <p>Position (if relevant) _____</p> <p>Note: 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.</p>
Privacy collection statement	<p>Townsville City Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which council manages personal information is governed by the <i>Information Privacy Act 2009</i>. We are collecting your personal information in accordance with <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>. The information will be used to process this application to surrender a higher risk personal appearance services licence, update our records, inform any compliance related activities, and report to Queensland Health as required. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you give your consent to this disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.</p>
Submit the form	<p>Email: enquiries@townsville.qld.gov.au</p> <p>Mail: Townsville City Council, PO Box 1268, TOWNSVILLE CITY QLD 4810.</p> <p>In person: Customer Service Centres are located at:</p> <ul style="list-style-type: none">» 103 Walker Street, Townsville City» CityLibraries Thuringowa, 86 Thuringowa Drive, Thuringowa Central.