

# 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

Trading name \_\_\_\_\_

Business phone  
number \_\_\_\_\_

Email address \_\_\_\_\_

Address where activity will be carried out (NOT a post office box)

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## Applicant/licensee details

Complete either individual OR company as applicable

### Individual 1

Full name \_\_\_\_\_

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact phone  
number \_\_\_\_\_

Email address \_\_\_\_\_

### Individual 2

Full name \_\_\_\_\_

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact phone  
number \_\_\_\_\_

Email address \_\_\_\_\_

## Corporation / incorporated association

Legal entity name

Trading name

Postal address

Suburb

State

Postcode

Contact name

Contact phone  
number

Email address

## Closure date

What is the intended closure date?

## Applicant declaration

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 Right to Information Act 2009 and the Evidence Act 1977.

I wish to be removed as the licensee effective from the closure date stated above.

Signature

Print name

Position (if  
relevant)

Date

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.

## Privacy Collection Statement

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 *Information Privacy Act 2009*. We are collecting your personal information in accordance with *Public Health (Infection Control for Personal Appearance Services) Act 2003*. 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

## Submit the form

Email [enquiries@townsville.qld.gov.au](mailto:enquiries@townsville.qld.gov.au)

Post Return your completed form together with cheque/money order payable to  
Townsville City Council, PO Box 1268, TOWNSVILLE CITY QLD 4810

In person **SERVE Centre - Townsville City**, 103 Walker Street, Townsville City - 8am to 5pm, Monday to Friday (cash, card, cheque, money order)  
**SERVE Centre - Citylibraries Riverway**, 20 Village Boulevard, Thuringowa Central - 9am to 5pm, Monday to Friday (card only)