Amend or Transfer 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 amend or transfer a higher risk personal appearance service licence to carry out skin penetration procedures.

Reason for application

☐ Amend an existing licence (current licence number) _____

☐ Transfer of licensee for an existing licence (current licence number) _____

☐ Make a structural amendment to you licensed premises – Include clearly drawn and labelled floor plans showing the amendments with your application (current licence number) _____

Applicant 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

Note: A copy of the company extract that lists the directors MUST be attached (a company registration certificate cannot be accepted)

Legal entity name _____

Australian company number _____

Contact name _____

Contact phone number _____

Email address _____

Postal address _____

Suburb _____ State _____ Postcode _____

Business activities

- ☐ Body piercing
- ☐ Implanting natural or synthetic substances into a person's skin, including hair or beads
- ☐ Scarring or cutting a person's skin using a sharp instrument to make a permanent mark, pattern or design
- ☐ Tattooing
- ☐ Cosmetic Injectables
- ☐ Microneedling
- ☐ Other (please detail) _____

Business details

Trading name _____

Business phone number _____

Business email address _____

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

Address _____

Suburb _____ State _____ Postcode _____

Suitably qualified person

Complete this section if there is a change in suitably qualified persons.
If there are more than two individuals carrying out this activity in this business, please attach an additional page with this information.

A person must not provide a higher risk personal appearance service unless the person holds an infection control qualification (HLTINF005- Maintain infection prevention for skin penetration treatments). Businesses must have a suitably qualified person before submitting this application.

Individual 1

Full name _____

Contact phone number _____

☐ Copy of certificate of attainment is attached

Individual 2

Full name _____

Contact phone number _____

☐ Copy of certificate of attainment is attached

Licence amendment
Complete if you are seeking an amendment

☐ NEW business trading name _____

☐ NEW business details (NOT a post office box) _____

Postal address _____

Suburb _____ State _____ Postcode _____

Business phone number _____

Email address _____

☐ Apply to change condition on licence

☐ Change a licence condition

☐ Remove a licence condition

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.

Licence condition number and description _____

Reason for amendment _____

Other (describe) _____

Licence transfer–applicant suitability
Complete if there is a transfer of licensee

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–please give details in an attachment

Transfer date
Complete if there is a transfer of licensee

Intended date to start trading (at least 40 days from submission) _____

Transfer of licensee
Complete either individual or corporation declaration if there is a transfer of licensee

Individual - existing licensee
If more than one previous licensee, each licensee surrendering their licence must complete this section. Attach additional copies if needed.

From (date) _____, 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 _____

Full name _____

Contact phone number _____

Email address _____

Postal address _____

Suburb _____ State _____ Postcode _____

Corporation/ incorporated association - existing licensee
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.

From (date) _____, 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 _____

Position title _____

Legal entity name _____

Australian company number _____

Contact name _____

Contact phone number _____

Email address _____

Postal address _____

Suburb _____ State _____ Postcode _____

Applicant Declaration

I declare that the information provided on this form and any attachments is true and correct in every detail. 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 am aware that it is an offence to knowingly provide false or misleading information.

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.

Signature _____

Date _____

Payment options - Payment must be made prior to assessment being undertaken

For current fees, please refer to the Regulatory Services schedule of fees and charges on Council's website.

☐ I will pay the applicable fee at Council's Customer Service Centre when submitting my application in person

☐ Credit card by phone: (Please provide phone number to call) _____
(Visa or MasterCard payments are subject to a 0.5% payment processing fee.)

☐ I will pay the applicable fee by cheque when submitting my application via post

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 amend or transfer 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
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)