

# Personal Appearance Service Licence Amendment and Transfer Form

**Privacy Notice:** Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of processing your application. Council is authorised to do this under the *Public Health (Infection Control Personal Appearance Services) Act 2003*. Some information may be given to the State Government authority responsible for administering the *Public Health (Infection Control Personal Appearance Services) Act 2003*. Tattoo parlour information may be given to the Department of Justice and Attorney General who administer the *Tattoo Parlours Act 2013*. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.



**This form is to be used when applying to transfer or amend a higher risk personal appearance service licence. The application must be submitted with the relevant fee and business details.**

P: 07 4932 9000 | E: [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au) | W: [www.rrc.qld.gov.au](http://www.rrc.qld.gov.au) | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Current Licence Details	
Licensee name: <i>(if partnership or company)</i>	Licence number:
Licensee name: <i>(if individual)</i>	
First	Middle
Last	
Premises address:	
Premises type:	<input type="checkbox"/> Fixed premises <input type="checkbox"/> Mobile premises
Trading name:	
Preferred contact number:	Email:
Transfer Details	
Proposed Licensee Details	
Proposed licensee name: <i>(if partnership or company)</i>	ABN:
Proposed licensee name: <i>(if individual)</i>	
First	Middle
Last	
Company name:	
Registered office address: <i>(if company)</i>	
Postal address:	
Preferred delivery method:	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Collect – (Rockhampton, Gracemere, Mt Morgan)
<i>Email is the standard form of delivery. If this method is unsuitable please select an alternative.</i>	
Company director/s name:	
Manager/s name:	
Manager/s contact number:	Email:
Proposed trading name:	
Please provide list of proposed services to be provided:	

<b>OFFICE USE ONLY</b>	Date:	CSO:	Information checked: Y / N
	Amount: \$	Receipt number:	Licence number:



## Amendment Details

### Change to Premises Details *(complete if changing your existing location by adding a workstation or moving workstations)*

Please provide a brief description of the proposed changes:

Do you have current approvals?  Yes  No

Plumbing and drainage approval number:

### New Fixed Premises *(complete if moving to a new fixed premise)*

Premises address:

Lot number:

Plan number:

Floor area (m<sup>2</sup>):

Do you have current approvals?  Yes  No

Development approval number:

Building approval number:

Plumbing & drainage approval number:

### New Mobile Premises *(complete if moving to a new mobile premise)*

Location where mobile premise can be inspected:

Floor area (m<sup>2</sup>):

Vehicle registration number:

Registered vehicle owner:

Vehicle type: *(car, van, trailer, caravan)*

Vehicle make:

Vehicle model:

## Declaration

I declare that I am transferring my Higher Risk Personal Appearance Service Licence to the new owner named on this form. I submit this Personal Appearance Service Licence Amendment and Transfer Form with the relevant fee and supporting documentation as required.

Applicant name:

Applicant signature:

Date:

Signatory name:  
*(if partnership or company)*

Signatory position:  
*(if partnership or company)*

## Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

### Transfer Request:

- Copy of Statement of Attainment of each proposed operator for relevant Maintain Infection Control Standards in Office Practice Settings competency

### Amendment Request:

- List of services provided
- Technical data and validation documentation (where applicable) for any equipment, including sterilisers
- Two copies of each plan, drawn to scale, and complying with the Queensland Building Code:
  - Site plan
  - Floor plan
  - Sectional elevation plans
  - Hydraulic plan
  - Premises layout detailing:
    - Details, position and size of all plumbing fixtures
    - Details of the separation of dirty and clean areas
    - Details of all surface finishes (*floors, walls, ceilings and bench surfaces*)
    - Details of all surface joining methods

## Fees and Charges

For a full list of fees and charges please refer to Council's [Fees and Charges Schedule](#).

## Payment Information

**In person** | You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan; 1 Ranger Street, Gracemere.

**By phone** | Customer Service staff will contact you regarding payment via credit card or debit once this form is received.

**By post** | Make your cheques/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860, Rockhampton, Queensland, 4700.