

Personal Appearance Service Licence Amendment/Transfer Form



Privacy Notice: Council is collecting the personal information you supply on this form for the purpose of processing your amendment/transfer. Council is authorised to do this under section 58 of 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*. Council deals with your personal information in accordance with the law, including *Information Privacy Act 2009*.

This form is to be used when applying to amend or transfer 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 | W: rockhamptonregion.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 type: <input type="checkbox"/> Fixed premises <input type="checkbox"/> Mobile premises		
Trading name:		
Preferred contact number:		Email:
Preferred delivery method: <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Collect – Rockhampton, Gracemere, Mount Morgan <i>Email is the standard form of delivery except for approvals. If this method is unsuitable, please select an alternative.</i>		
Premises Address		
Street number and name:		
Suburb:	State:	Postcode:
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:		
Preferred delivery method: <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Collect – Rockhampton, Gracemere, Mount Morgan <i>Email is the standard form of delivery except for approvals. If this method is unsuitable, please select an alternative.</i>		
Registered Office Address <i>(if company)</i>		
Street number and name:		
Suburb:	State:	Postcode:
Postal address:		
Company director/s name:		

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

Manager/s name:	
Manager/s contact number:	Email:
Proposed trading name:	
Please provide list of proposed services to be provided:	

Person Providing Higher Risk Personal Appearance Service Details

If the person/s personally providing the higher risk personal appearance service are known, please provide details. A person cannot provide higher risk personal appearance services unless the person holds an infection control qualification.

Operator One

Name:

First

Middle

Last

Postal address:

Preferred contact number:

Email:

Operator Two

Name:

First

Middle

Last

Postal address:

Preferred contact number:

Email:

Proposed Licensee Suitability (If selected yes for one or more (a) to (e) boxes or no to (f) to (g), please submit details with your application.)

- | | | |
|---|------------------------------|-----------------------------|
| (a) Has the applicant, executive officer, or any other member of the management committee been convicted of a relevant offence other than a spent conviction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Has the applicant or an executive officer, if applicant is a corporation, held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a licence or registration under a corresponding law that was suspended or cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Has the applicant or an executive officer, if applicant is a corporation, been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a licence or registration under a corresponding law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Has the applicant or an executive officer, if applicant is a corporation, had an applicant for registration of an establishment refused under the <i>Health Regulation 1996</i> , part 15? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Has the applicant or an executive officer, if applicant is a corporation, held a registration of an establishment under the <i>Health Regulation 1996</i> , part 15, that was suspended or cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Will the Infection Control Guidelines be followed?
<i>If no, attach details of the processes that do not comply.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Do all persons providing the higher risk personal appearance service have infection control qualifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no, please contact Council. Any person not holding the required qualifications is not able to perform the service and your business may not be able to operate.

Proposed Licensee Declaration (To be completed by the proposed licensee. The current licensee must also sign the Declaration on page 3.)

I submit this Personal Appearance Service Licence Amendment/Transfer Form with supporting documentation as required.

Applicant name:

Applicant signature:

Date:

Signatory name:
(if partnership or company)

Signatory position:
(if partnership or company)

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 premises)

Street number and name:

Suburb:

State:

Postcode:

Lot number:

Plan number:

Floor area (m²):

Do you have current approvals? Yes No

Development approval number:

Building approval number:

Plumbing and drainage approval number:

New Mobile Premises (complete if moving to a new mobile premises)

Address where mobile premises can be inspected:

Floor area (m²):

Vehicle registration number:

Registered vehicle owner:

Vehicle type: Car Van Trailer Caravan Other (please specify):

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/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:

- 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 Development 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.