

Higher risk personal appearance services (temporary premises)

Council of the City of Gold Coast
ABN 84 858 548 460
PO Box 5042 GCMC QLD 9726
P 1300 GOLDCOAST
E mail@cityofgoldcoast.com.au
W cityofgoldcoast.com.au

Licence application

Public Health (Infection Control for Personal Appearance Services) Act 2003

Licensee details			
<i>Person/s or organisation/company applying to be the licence holder (must be a legal entity). Provide the full names of all proposed licensees. If address and contact details differ for each licensee, provide attachments.</i>			
Licensee name(s)			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post	<input type="checkbox"/> Email	

Business name details			
<i>Provide your business name (trading name). Include address / contact details if different from the licensee.</i>			
Business name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	

Contact person details			
<i>Provide details if contact person is different from the licensee.</i>			
Contact name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post	<input type="checkbox"/> Email	

Corporation officeholder details			
Provide additional details if you are applying as a corporation.			
Corporation director name(s)			
Registered office address			
Suburb			
State		Post code	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Higher risk personal appearance services – business details			
Provide details of your higher risk personal appearance services business below, ensuring all relevant information is provided.			
Select all the higher risk personal appearance services you are providing *			
<input type="checkbox"/> Body piercing (excluding closed ear/nose piercing) <input type="checkbox"/> Scarring <input type="checkbox"/> Cosmetic tattooing <input type="checkbox"/> Skin penetration <input type="checkbox"/> Ear pointing or modification <input type="checkbox"/> Tattooing <input type="checkbox"/> Semi-permanent make-up <input type="checkbox"/> Tattoo removal (via skin penetration) <input type="checkbox"/> Implanting natural or synthetic substances in skin <input type="checkbox"/> Tongue forking or splitting <input type="checkbox"/> Traditional tattooing			
Event name			
Event location			
Start date	/ /	End date	/ /
Have you (the licence applicant) been convicted (or found guilty) of an indictable offence, an offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , or a corresponding law, an offence against the <i>Health Act 1937</i> or an Australian or foreign law regulating the same subject matter as that Act, or an offence relating to the provision of personal appearance services against an Australian or foreign law?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Offence or licence issue details			
Do you (the licence applicant) hold a statement of attainment for one of the following infection control competency standards? HLTIN2A , HLTIN402A, HLTIN402B, HLTIN402C, or HLTINF005			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Supporting information

Supporting information is required to be submitted with this application, as indicated below and throughout this form. Failure to provide the required information may delay the processing of your application. Indicate below the supporting information you have attached to this application

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Floor plan (to scale - detailing location, materials and dimensions of work area zones, equipment and fittings) |
| <input type="checkbox"/> | Cross-section drawings (to scale - detailing location, materials and dimensions of work are zones, equipment and fittings) |
| <input type="checkbox"/> | Site plan (including location of premises in regard to other premises and facilities) |
| <input type="checkbox"/> | Sterilising and cleaning equipment details |
| <input type="checkbox"/> | Statement of attainment for infection control competency standard |
| <input type="checkbox"/> | Evidence of nil fee eligibility |

Fees

The fee for this application may be reduced to nil if you (the applicant) can demonstrate that you own, rent or lease a rateable property within the City of Gold Coast, or are a registered charity, voluntary sporting, community, religious or incorporated not for profit organisation.

If claiming eligibility, you must attach evidence with this application. Evidence may include a signed lease agreement, details of property ownership, ASIC documentation detailing 'Principal place of business', two bills (within last six months) detailing residential address or registration with the Australian Charities and Not-for-Profits Commission (ACNC).

Please determine whether you meet the eligibility conditions and select one box only.

<input type="checkbox"/>	Eligible - nil fee	nil
<input type="checkbox"/>	Not eligible – Higher risk personal appearance services (temporary) application fee	\$1308.00

These fees are in accordance with the City of Gold Coast's (City) regulatory fees and non-regulatory charges. A copy of our regulatory fees and non-regulatory charges can be found on our website, cityofgoldcoast.com.au.

Payment options (no cash transactions are available)

- MasterCard, Visa, debit card or cheque at any of the City's branch offices. Our branch office locations and operating hours can be found on our website cityofgoldcoast.com.au
- Cheque or money order – make payable to: Gold Coast City Council. Postal address at top right of first page. Please ensure that you provide adequate reference details or attachments to allow the cheque to be appropriately receipted.

Note: Please be advised that payments by credit card will incur a surcharge.

Declaration

This section must be completed by, or for each applicant. Where a person is signing on behalf of a corporation or person (the 'signatory'), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.

I understand and verify that:

- I am duly authorised to make this application
- The statements and information provided are accurate, true and complete
- I have received all relevant third party consents and authorisations
- It is an offence to knowingly provide false or misleading information
- Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity

Applicant one (person or organisation)

Licensee name			
Signature		Signatory name	
Date		Position/role	
Additional applicant (if required)			
Licensee name			
Signature		Signatory name	
Date		Position/role	

Privacy statement

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to cityofgoldcoast.com.au/privacy.

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

Office use only

Date received		Fee paid	
Received by		Receipt number	