

Application for transfer of licence to carry on business providing higher risk personal appearance services



PO Box 5042, GCMC Qld 9729
goldcoastcity.com.au
General enquiries (07) 5582 8211

Main office locations
833 Nerang-Southport Road, Nerang
135 Bundall Road, Surfers Paradise

Authorising Provisions

Public Health (Infection Control for Personal Appearance Services)
Act 2003 (Part 4 Section 49)

If you have any specific enquires regarding this application please contact Council's Licensing & Approvals Section on (07) 5581 6668 or Fax: (07) 5581 6898.

Please complete this application in BLOCK LETTERS, tick boxes where applicable and attach required further information.

Collection Notice: Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the city. The information will not be disclosed to any other party unless required by law.

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| <p>Applicant must be a legal entity (eg. Individual/s, trustee/s, company – not business or trading name)</p> | <p>Applicant details</p> <p>Applicant Name: _____ (eg. Individual/s, trustee/s, company)</p> <p>ABN: _____ ACN: _____</p> <p>Postal address: _____ _____</p> <p>Trading name: _____</p> <p>Registered business address: _____ _____</p> <p>Contact person: _____</p> <p>Phone no.: _____ mobile no.: _____</p> <p>Fax no.: _____</p> <p>Email address: _____</p> |
| <p>Please use block letters and complete all applicable sections</p> | <p>Current licensee details</p> <p>Licence no: _____</p> <p>Name of licensee (full name): _____</p> <p>Trading as: _____</p> <p>Registered business address: _____</p> <p>Contact name: _____</p> <p>Contact numbers: b/h: _____ mobile: _____</p> <p>Fax: _____</p> <p>Email: _____</p> |
| | <p>Declaration of licensee regarding disposal of licence (the seller)</p> <p>I/We _____ being the holder(s) of the certificate of Licence for the below premises hereby give notice of disposal of the Licence as detailed in the schedule below to the "buyer" (proposed licensee)/applicant: (purchaser)</p> <p>_____ signature (current licensee)</p> |

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| | <p>Schedule of premises</p> <p>Business name: _____</p> <p>Business location(address)/vehicle details: _____</p> <p>Premises licence number: _____ Expiry date: _____</p> |
| <p>Applicant suitability</p> | <p>Applicant suitability</p> <p>Has the applicant¹ been convicted (or found guilty) of any of the following offences²:</p> <ul style="list-style-type: none"> • An indictable offence (Drink driving and minor traffic offences are not indictable offences) • An offence against the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law³ • An offence against the <i>Health Act 1937</i> or an Australian or foreign law regulating the same subject matter as that Act • An offence, relating to the provision of personal appearance services, against an Australian or foreign law. <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the applicant 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?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the applicant 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?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the applicant had an application for the registration of an establishment refused under the <i>Health Regulation 1996</i>?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the applicant had the registration of an establishment suspended or cancelled under the <i>Health Regulation 1996</i>?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer “yes” to any of the above questions, you must attach a full explanation of the circumstances.</p> <p>¹ Includes a corporation’s executive officer ² You are not required to give details of convictions for which the rehabilitation period under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> has expired and is not revived under section 11 of the Act. ³ A “corresponding law” is an Australian or foreign law that provides, or provided, for the same matters as the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i></p> |
| | <p>Declaration by proposed licensee (the buyer)</p> <p>I/We hereby confirm that all persons providing higher risk personal appearance services at the above premises hold the appropriate infection control qualifications (copies of certificates of qualifications are to be provided). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I/We _____ <small>(proposed licensee (buyer) name)</small></p> <p>make application for the transfer of licence no: _____. I/We hereby certify that the above information and the information on any attachments is true and correct.</p> <p>_____ <small>(signature of proposed licensee (buyer))</small></p> |

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| Fees | <p>1. No Fees are required for licensing or processing unless the applicant's business operations are:</p> <ul style="list-style-type: none"> • Based outside the City of the Gold Coast <p>2. A \$76.00 transfer application fee is required for businesses whose operations are based outside the City of the Gold Coast:</p> <p>For further clarification please contact Council's Licensing & Approvals Section on (07) 5581 6668 or visit Council's website at goldcoastcity.com.au</p> | | | | | | | | | | |
| Office use only | <table border="1"> <tr> <td data-bbox="331 465 810 499">Acct No: RE 98405</td> <td data-bbox="810 465 1437 499">Receipt No:</td> </tr> <tr> <td colspan="2" data-bbox="331 499 1437 533">Date:</td> </tr> <tr> <td colspan="2" data-bbox="331 533 1437 577">Licensing & Approvals use only</td> </tr> <tr> <td colspan="2" data-bbox="331 577 1437 622">Licence No:</td> </tr> <tr> <td colspan="2" data-bbox="331 622 1437 667">Date:</td> </tr> </table> | Acct No: RE 98405 | Receipt No: | Date: | | Licensing & Approvals use only | | Licence No: | | Date: | |
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