

# Higher risk personal appearance services (fixed premises)

Council of the City of Gold Coast  
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## 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 these details as an attachment.</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			
Provide your business name (trading name). Include address /contact details if different from licensee.			
Business name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	

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

Location details			
For businesses conducted on multiple parcels, provide additional location details as an attachment.			
Location name			
Unit number		Street number	
Street name			
Suburb			
Parcel (RPD)	Lot	Plan	

### 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 of the higher risk personal appearance services that 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                 |

Start date

/ /

Have you (the applicant), been convicted (or found guilty) of an indictable offence, an offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a corresponding law, an offence against the *Health Act 1937* 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?

Yes

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
- HLTINF005

Yes

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 area zones, equipment and fittings |
| <input type="checkbox"/> | Site plan detailing 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   |

**Fees**

No fees are required for this application.

**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)

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

**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](http://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**

<b>Date received</b>		<b>Fee paid</b>	
<b>Received by</b>		<b>Receipt number</b>	