

Winton Shire Council

75 Vindex Street, Winton
PO Box 288,
Winton QLD 4735

Telephone 07 4657 2666 Facsimile 07 4657 1342
Email info@winton.qld.gov.au
Website www.experiencewinton.com.au



**Public Health
(infection Control for
Personal Appearance
Services) Act 2003**

Personal Appearance Services Licence Application

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

☐ Application Fee \$ _____
☐ Renewal Fee \$ _____
☐ Amendment Fee \$ _____

Applicant/s details

If applicant is a company,
insert company name and
ACN / ARBN

Company name ACN / ARBN

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature Date / /

Current Licence No.

Licence no. Expiry date

Contact details

Select as applicable.

☐ Business ☐ Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email

Office Use Only

Entered by

Application no.

<p>Business name must be registered with the Office of Fair Trading.</p> <p>If a vehicle or stall – advise exact location??</p> <p>Enter postal address if different from street address.</p> <p>Real property description – refer to Rates Notice.</p>	Business details		
	Business name		BN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Street address		
	Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postal address		
	Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact person		
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email <input type="text"/>	
	Lot no.	Reg. plan no.	Parish
Description of food business: (eg. café, restaurant, cannery, etc)			
Does your business involve any off-site catering? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current approval details			
<i>Please insert your approval number for each approval type issued by Local Government.</i>			
Approval Type	Approval No.	Office Use Only	
Building approval			
Plumbing and drainage approval			
Development approval			
Trade waste approval			
Other – please specify			
Suitability of person to hold a licence			
<p>Have the applicants been convicted of an indictable offense, offense against the <i>Public Health (infection Control for Personal Appearance Services) Act 2003</i>, an offense against the Health Act 1937 or an Australian or foreign law regulating the same subject matter as the Act and/ or an offense relating to the provision of personal appearance services, against an Australian or foreign law? <i>If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.</i></p> <p style="text-align: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach details</p> <p>Have any of the applicants previously held a licence under the <i>Public Health (infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law that was suspended or cancelled? <i>If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.</i></p> <p style="text-align: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach details</p> <p>Have any of the applicants been refused a licence under the <i>Public Health (infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law? <i>If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.</i></p> <p style="text-align: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach details</p> <p>State the type of higher risk personal appearance service you intend to provide (tattooing, ta moko, body/ skin piercing, scarring etc.)</p>			

Complete only if applying for an amendment	<h2>Amendments</h2> <p>Provide details of proposed amendments</p> <hr/> <hr/> <hr/> <hr/> <hr/>
--	---

Please attach.	<h2>Attachments</h2> <ol style="list-style-type: none"> Two (2) copies of a Site Plan, drawn to scale not less than 1:100, showing the Personal Appearance Services location, waste storage, car parking, staff and public toilet facilities and adjacent land uses. Two (2) copies of a Floor Plan, drawn to scale not less than 1:50, showing details of the floor plans, elevations, location and dimension of sinks and wash hand basins, location of cleaning and waste disposal equipment,, and location of sterilising equipment. Two (2) copies of Sectional Elevation, drawn to scale not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, including fixtures, fittings and equipment Additional information required: information about the finish to bench surfaces, floor and walls, details of cleaning and waste disposal equipment, details of sterilising equipment on the premise, details of sterilising equipment 'off premises'. <p>Please note: This application and fee MUST be lodged with your Council.</p>
----------------	--

	Office use only	
	Fee	Date / /
	Scheduled category	File no.
	Receipt no.	Access no.
	Registration no.	Licence no.