



Environmental Services

Southern Downs Regional Council

Email: mail@southerndowns.qld.gov.au

Office Locations:

Stanthorpe
61 Marsh Street, Stanthorpe
PO Box 26, Warwick, QLD 4370

Telephone: 07 4681 5535
Facsimile: 07 4681 5540

Warwick
64 Fitzroy Street, Warwick
PO Box 26, Warwick, QLD 4370

Telephone: 07 4661 0300
Facsimile: 07 4661 0333

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

Application for Licence to Conduct Higher Risk Personal Appearance Service

Part A

If you have any specific enquiries regarding fees or how to complete this form, contact Council's Environmental Services Department.
Please complete this application in BLOCK LETTERS and tick boxes where applicable. Enter "n/a" if the question does not apply. Complete all sections unless otherwise stated.

Application Type

- New Licence Application Amend Existing Licence
 Design Approval for Premise Transfer of Existing Licence

Type of Premise

- Fixed Premise Mobile Premise

Applicant/s Details- *To be completed by the person/s who occupies the site and is applying to be the licensee and who will be legally responsible for the operation.*

To be completed by the person/s applying to be the licensee and who will be legally responsible for the operation

Full name(s) of person/s or corporation/s applying for licence

Names of the corporation's director/s (if applicable)

ACN or ABN (and ANZSIC code if applicable)

Contact Details

Name of Contact Person

Registered office address: (Corporation only)

Postal Address

Contact Telephone Numbers

(W)	(AH)
(M)	(Fax)

Email Address

Signature of Applicant

I, _____, am the applicant or the appointed signatory in all matters relevant to this application. I am aware that under Section 63 of the *Public Health (Infection Control for Personal Appearance Services) Act 2003* it is an offence to give information that is false or misleading in any material particular.

Signature of Applicant:

Position: (if applicable)

Date: / /

Complete if more than one Applicant.

I, _____, am the applicant or the appointed signatory in all matters relevant to this application. I am aware that under Section 63 of the *Public Health (Infection Control for Personal Appearance Services) Act 2003* it is an offence to give information that is false or misleading in any material particular.

Signature of Applicant:

Position: (if applicable)

Date: / /

Lodgement:

On completion of this application please forward it, the required supporting information, and your application fee to your nearest Southern Downs Regional Council Office. See office locations at the top of this form.

Please note: This application **MUST** be lodged with your Council.

Explanatory Notes

Application Type

- Select **New Application** where premise has not previously been approved for this purpose, or where a previous approval has lapsed. You would also select **New Application** if you take over a business and plan to significantly alter the premises. This application includes the **Design Approval for Premise** and **New Licence Application**, and is only applicable when the business will be ready to operate within 6 months. (Alternatively, separate applications will need to be made for **Design Approval for Premise** and **New Licence Application**).
- Select **Amendment of Existing Licence** if you already hold the licence and intend on making significant alterations to the operation (not the premise- for this refer to **Design Approval for Premise**)
- Select **Design Approval for Premise** where you need advice on the suitability of the design of the premises (plans checked), but you are not ready to operate the food business within 6 months. A licence will not be issued for this type of application.
- Select **New Licence Application** only when you are commencing operation in an existing premise that has been approved for use (either a premise that has been renovated/re-designed, or that is currently not being used but for which approval has not lapsed, providing no changes to the premise have been made).
- Select **Transfer of Existing Licence** when you are a new occupier of a site for which an existing licence is in place and are not making any changes to the premise or the operation.

Office Use Only

Entered By

Fees Paid

Receipt No

Date

Application No

Part B attached: Yes / No



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Part B

Additional Information Required for New Applications and Design Approval

*Please provide the following information. Please note this information is only required when making a **New Application** or **Application for Design Approval**.*

Please insert your approval number for each approval type required to be obtained

Current Approval Details

Approval Type	Approval No.	Office Use Only
Building Approval		
Plumbing & Drainage Approval		
Development Approval		
Trade Waste Approval		
Other- please specify		

1. Two (2) copies of a floor plans and two (2) copies of sectional elevation drawings, showing how the premise complies with the Queensland Development Code, Part 15.
2. A description of the cleaning and waste disposal equipment to be used at the premises.
3. A description of the sterilizing equipment and techniques to be used at the premises.
4. Provide a copy of a certificate of classification under the *Building Act 1975*.

Office Use Only

Part A attached: Y / N