

Application – Higher Risk Personal Appearance Services Licence

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

You must complete all questions unless the form indicates otherwise. Incomplete forms or forms without all necessary information and documentation will result in your application being an improperly made application.

Please:

- complete the form and return to Council; and
- provide any mandatory supporting information identified on the application form; and
- submit the applicable fee

- ☐ **New Licence** Please complete sections 1, 2, 3, 4, 5 (if applicable) & 7
- ☐ **Amendment of Licence** Please complete the relevant sections and sign section 7
- ☐ **Transfer of Licence** Please complete all sections - ensure Section 6 is also completed by the Current Licence holder. Please include the proposed changeover date of ownership.

To: Chief Executive Officer, Douglas Shire Council

1. APPLICANT DETAILS

Note: The applicant is the person who will hold the permit and will be legally responsible for complying with the applicable conditions. A business name or trust is not a legal entity and should not be entered in this field as the applicant. Where a person or company operates a business, the applicant is the person or company.

Example – Jane Bloggs & Joe Bloggs, Joe Bloggs Pty Ltd, Jones Ltd, The Business Inc.

Applicant (Entity) Name:

(Individual/Partnership/Corporation)

Is the Applicant a Not for Profit (Community, Sporting or Service) Organisation? ☐ Yes ☐ No

If Yes, Please attach a certificate of incorporation to this application

Applicant Postal Address:

Does this postal address apply to all Council Departments (i.e. rates, water, permits, animals etc.) ☐ Yes ☐ No

Applicant Registered Office Street Address:

Applicant Phone Number:

Applicant Mobile:

Applicant Email Address:

Applicant Contact Name if not an Individual:

For Corporations, please provide the following information. For additional names, please attach.

Director Name:

Director Address:

Director Name:

Director Address:

For Committees of Incorporated Entities, please attach a list of all current committee members.

ACN / ABN:

(where applicable)

OFFICE USE ONLY

☐ Are all sections of the application completed and signed? ☐ Are all the supporting documents attached (see page 2)?

Receipt Type: 783

Fee Paid:

Receipt No:

CSO:

2. PERSONAL APPEARANCE SERVICES (PAS) BUSINESS DETAILS

Trading Name:

Site Contact Name:

Site Address:

(for mobile premises, state where vehicle is stored)

Site Telephone:

Site Contact Mobile:

Site Email:

Business Type:

Registration No of Vehicle/Vessel:

(applies to Mobile Premises Only)

3. PERSONS CARRYING OUT HIGHER RISK PAS AT BUSINESS

NB: A person must not personally provide a higher risk personal appearance service unless the person holds an infection control qualification. The employees who will deliver the high-risk personal appearance services need to complete an Infection Control qualification with an accredited training provider.

A copy of the Statements of Attainment for each person must be submitted to Council before your licence can be issued.

Full Name:

Business Hours Contact No:

Full Name:

Business Hours Contact No:

4. SUITABILITY OF PERSON TO HOLD A LICENCE

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 4a. | Have any of the applicants been convicted for a relevant offence as defined under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , other than a spent conviction? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4b. | Have any of the applicants previously held a licence or registration under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , or a corresponding law that was suspended or cancelled? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4c. | Have any of the applicants been refused a licence or registration under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , or a corresponding law? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4d. | Have any of the applicants had the registration of an establishment refused, suspended or cancelled under the <i>Health Regulation 1996</i> , part 15? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

NB: 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. If the answer is Yes to any of the above, please provide details.

5. PRIVATE WATER SUPPLY (only applies to businesses not on a Council water supply)

Private Water Supply?

(If Yes, please complete this section)

Water Source:

(please circle/state answer)

Bore Water / Rainwater Tank / Water Course / Other:

A Certificate of Analysis to show the water is safe at the premises is required prior to operating.

Is a Certificate of Analysis attached with the application?

YES ☐ NO ☐

A Water Management Plan (WMP) for the water supply at your business premises is required prior to operating

Is a WMP attached to this application?

YES ☐ NO ☐

6. TRANSFER OF PAS LICENCE (only applies for sale of business)

Name of Current Licence Holder:

Current Licence No:

Signature of Current Licence Holder:

Date:

By signing the above, the current approval holder is confirming their intent to transfer the current licence to the applicant as stated on this form. If there is more than one current approval holder, please complete the Additional Details section.

7. DECLARATION

I _____ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

Applicant Signature:

Date:

Douglas Shire Council – Privacy Collection Notice:

Douglas Shire Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which the council manages personal information is governed by the *Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with the *Local Government Act 2009* so that we can assess and finalise your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

8. ADDITIONAL DETAILS (if required)

9. PRESCRIBED FEE (Applicable from 1 July 2025 to 30 June 2026)

Please contact Environmental Health on 07 4099 9444 to confirm which Approval Category applies

365 day Pro Rata system for new annual Environmental Health Approvals & Licences

(For applications mid-term, please call Council on 07 4099 9444 or ask at the customer service counter to find out your calculated pro rata fee amount)

Licence Category	Full Fee
Licence Fee – New or Renewal	\$448.00
Amendment of Licence – Minor	NO CHARGE
Amendment of Licence – Major	\$91.00
Transfer of Licence	\$189.00

DEBTOR ACCOUNT TERMS & CONDITIONS

Renewals and associated fees and charges will be invoiced by Douglas Shire Council via a debtor account to the Applicant.

The Applicant shall settle all accounts in full no later than the due date shown on the invoices.

Where debtor accounts are overdue by 60 days or more, the debt may be referred to a credit reference agency and your permit/approval/license may be suspended or cancelled.

In the case that the Applicant shall be a company acting as a trustee for the trust, the Applicant hereby acknowledges that the trust shall be liable on the account, has sufficient assets to meet payment of the debtor account and is empowered to enter into the account agreement.