

# 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			
<input type="checkbox"/> Are all sections of the application completed and signed?		<input type="checkbox"/> 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)

Postal Address:

(if different to Applicant)

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 (please use Additional Details for further applicant signatures where applicable)**

Signing this form is a legal declaration that all the details provided are true and correct.

NB: If the applicant is a Corporation, the signing applicant must state his/her position and have delegated authority to sign on behalf of the Corporation. If the applicant is a partnership, both partners must sign the form.

Print Name/s:

Signature/s:

**Douglas Shire Council – Information Privacy Statement**

Your personal information has been collected for the purpose of processing your application for a higher risk personal appearance services licence renewal. The collection of this information is authorised under the Public Health (Infection Control for Personal Appearance Services) Act 2003. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

**ADDITIONAL DETAILS (if required)**

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\_\_\_\_\_  
\_\_\_\_\_

<b>FEES AND CHARGES 2020/21</b>			
<b>Licence Category</b>	<b>Full Fee: 1 Jul - 31 Dec</b>	<b>Pro-Rata Fee: 1 Jan – 31 Mar</b>	<b>Pro-Rata Fee: 1 Apr – 30 Jun</b>
Licence Fee – New or Renewal	<b>\$387.00</b>	<b>\$270.90</b>	<b>\$135.45</b>
Amendment of Licence	<b>\$ 135.00</b>		
Transfer of Licence (please contact Environmental Health for fee if occurring in June)	<b>\$ 162.50</b>		

**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.