

Higher Risk Personal Appearance Services Application

New Licence / Amendment / Transfer

2022/23 Financial Year

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

I / We apply for (please tick):

New licence
(complete sections 1, 2, 3, 5 & 7)

Amendment of existing licence Existing licence no: CS/HRISK/
(complete sections 1, 2, 4, 5 & 7)

Transfer of existing licence Existing licence no: CS/HRISK/
(complete sections 1 (to be completed by purchaser), 2, 4 (if applicable), 5, 6 & 7)

Section 1 - Applicant Details

Applicant name(s):

Individual's full name or company name – business name or trust not accepted as applicant

If applying as a company, attach current company extract from the Australian Securities & Investment Commission (ASIC)

Trading as:

Postal address:

ABN/ACN:

Contact person's name:

Business phone: Mobile phone:

Email:

IMPORTANT: By providing your email you are agreeing to receive all correspondence electronically including licensing renewal information, letters, inspection reports, legal notices and other licensing related information.

PRIVACY COLLECTION NOTICE: Council is collecting your personal information to be able to provide services and information in accordance with the *Public Health (Infection Control for Personal Appearance Services) Act 2003*. It may be used to update records, contact you about Council business, including by mail, email or SMS and can only be accessed by Councillors, Employees and Authorised Contractors. To unsubscribe or opt out of electronic correspondence, please email your request to council@logan.qld.gov.au. All information is handled in accordance with Council's Privacy Policy and Procedure Visit: <https://www.logan.qld.gov.au/information-and-privacy/privacy>.

Section 2 – Site Details

Number: Street:

Suburb: Postcode:

Real property description: Lot RP

Mobile description (if using a vehicle e.g. caravan, utility):

Registration number:

Section 3 – Application Details (new premises or alteration only)

Type of higher risk personal appearance service you intend to provide:

- Tattooing
- Body Piercing
- Scarring
- Semi-Permanent Makeup (e.g. microblading)
- Piercing (other than piercing nose or ear with piercing gun)
- Cosmetic Tattooing
- Implant Synthetic Substance into the Skin (e.g. hair or beads)
- Skin Penetration
- Other: provide details

Plans, drawn to (1:50) scale showing:

- floor plans
- elevations
- location and dimension of sinks and wash hand basins
- location of cleaning and waste disposal equipment
- location of sterilising equipment

Additional information required:

- information about the finish to bench surfaces, treatment areas, floor and walls
- details of cleaning and disinfecting
- details of disposal of contaminated waste
- details of infection control procedures
- details of sterilising equipment on the premises
- details of sterilising equipment “off premises” (if applicable)

Section 4 – Amendment Details

If this is an amendment application, please specify nature of change:

Section 5 – Declarations / Certification *(please tick)*

Documentation that all persons providing services have achieved the infection control competency standard 'HLTINF005 - Maintain Infection Prevention for Skin Penetration Treatments' or its former titles 'HLTIN2A, HLTIN402B or HLTIN402C – Maintain Infection Control Standards in Office Practice Settings'.

Have you ?	Applicant 1	Applicant 2
Been convicted of an indictable offence	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Been convicted of an offence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> or a corresponding law?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Been convicted of an offence under the <i>Health Act 1937</i> or an Australian or foreign law regulating the same subject matters?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Been convicted of an offence relating to the provision of personal appearance services, under an Australian or foreign law?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Held a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , or corresponding law that was suspended or cancelled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Been refused a licence under the <i>Public Health Infection Control for Person Appearance Services Act 2003</i> or corresponding law?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Had the registration of an establishment refused, suspended or cancelled under the <i>Health Regulation 1996</i> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If the answer was yes to any of the above, provide details in an attachment.

Certification	Applicant 1	Applicant 2
That I am authorised to sign on behalf of the person (meaning a corporation or individual/s) and commit this person (meaning a corporation or individual/s) in all respects.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
That the information supplied is correct to the best of my knowledge or that I could reasonably obtain.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant 1	Applicant 2
Name/s in full <input type="text"/>	Name/s in full <input type="text"/>
Applicant signature <input type="text"/>	Applicant signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>
Position <input type="text"/>	Position <input type="text"/>

Note: You are required to apply for a licence or permit under the *Tattoo Industry Act 2013* (previously *Tattoo Parlours Act 2013*). For further information, including licences under the *Tattoo Industry Act 2013*, please contact the Department of Justice and Attorney-General, Office of Fair Trading.

Section 6 – Transfers

The current licensee must consent to the transfer of the licence. Declaration of licensee regarding transfer of licence.

I / We being the current holder(s) of the certificate of licence for the premises hereby give notice of the transfer of the licence CS/HRISK/

Current licence holder 1	Current licence holder 2
Name in full <input type="text"/>	Name in full <input type="text"/>
Signature <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>
Position <input type="text"/>	Position <input type="text"/>

Section 7 – Fees (not subject to GST)

Please note that the application fee consists of the plan processing and licence fees below.

The application cannot be processed unless the correct fees are paid in full.

Application type	Fee
New Application (fixed premises)	\$775.00 + licence fee
New Application (mobile premises)	\$601.00+ licence fee
Application to amend an existing licence (internal design alternations/amended plans)	\$556.00
Licence Transfer	\$154.00
Replacement of Licence	\$ 27.00
Licence fee	\$429.00

Pro-rata licence renewal fees will apply for applications made after 1 March (50% reduction) and after 1 June (75% reduction).

PAYMENT OPTIONS



Paying by mail

Make your cheque or money order payable to Logan City Council. Complete the application form and return it to Council.



Paying by phone

Call Logan City Council on 07 3412 3412 to pay with Mastercard or Visa. Ensure you also return the signed application form to Council



Paying in person

Cash, cheque, money order, EFTPOS, Mastercard or Visa. Ensure you also return the signed application form to Council.

Customer service centre locations

Council Administration Centre

150 Wembley Road, Logan Central

Beenleigh - 105 George Street, Beenleigh

Jimboomba - 18-22 Honora Street, Jimboomba

Phone: 07 3412 3412

Email: Council@logan.qld.gov.au