

# Higher Risk Personal Appearance Services Application New Licence / Amendment / Transfer

2024/25 Financial Year - *Public Health (Infection Control for Personal Appearance Services) Act 2003*

I / we make application for (*please tick*):

A new business licence:

New licence (complete sections 1, 2, (3 if applicable), 4 & 6)

Existing licence no:

Amendment (complete sections 1, 2, (3 if applicable), (4 complete as applicable), 5 & 6)

Transfer (complete sections (1 to be completed by purchaser), 2, (3 if applicable), (4 complete as applicable) & 6)

**Important:** Therapeutic services carried out in a public and/or private hospital, day hospital, a medical practice or a dental practice are not licensable.

## Section 1 – Applicant Details

**Important:** Individual's full name or company name - We cannot accept a trading name or trust as the applicant.

Applicant / licensee names/s':			
Site address:			
		Post code:	
Postal address: (if applicable)			
		Post code:	
Trading name:			
ABN:			
Email:			
Business phone:		Mobile:	
Contact person's name:			
Phone:		Mobile:	

**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](mailto: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>.

**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.

**Section 2 – Company Details** - This section is only required if applying as a company

ACN:			
Contact person's name:			
Phone:		Mobile:	

Current Australian Securities & Investment Commission (ASIC) company extract is attached

**Section 3 – Mobile Higher Risk Personal Appearance Services**

Attach evidence that that the mobile Higher Risk Personal Appearance Services vehicle is registered and garaged at an address within Logan City Council

Vehicle registration:	
Vehicle make and model:	

**Section 4 – Higher Risk Personal Appearance Service Business Details**

Type of higher risk personal appearance services you intend to provide (tick all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Tattooing   | <input type="checkbox"/> Scarring  |
| <input type="checkbox"/> Piercing (other than piercing nose or ear with piercing gun)  | <input type="checkbox"/> Implant synthetic substance into the skin (eg. hair or beads)                           |
| <input type="checkbox"/> Cosmetic injectables (botulinum toxin type A, dermal fillers, lipolysis (fat dissolving) injections, collagen injections, mesotherapy, intradermal therapy) | <input type="checkbox"/> Semi-permanent makeup (microblading, cosmetic tattooing, microneedling pigmented serum) |
| <input type="checkbox"/> Skin needling with implantation (collagen induction therapy, direct needle therapy, tattoo removal)   | <input type="checkbox"/> Hair transplant - (performed for aesthetic reasons)                                     |
| <input type="checkbox"/> Ear pointing / tongue forking   | <input type="checkbox"/> Micro-lipo-injection  |
| <input type="checkbox"/> Platelet rich plasma therapy  | <input type="checkbox"/> Thread lift   |
| <input type="checkbox"/> Other:  |  |

**Plans, drawn to (1:50 scale): Refer to Queensland Development Code, part MP5.2**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Floor plans   | <input type="checkbox"/> Elevations |
| <input type="checkbox"/> Location and dimensions of sinks and hand wash basins |                                     |
| <input type="checkbox"/> Location of cleaning and waste disposal equipment     |                                     |
| <input type="checkbox"/> Location of sterilising equipment                     |                                     |

### Additional information required:

- Information about the finish to bench surfaces, treatment areas, floors and walls
- Details of cleaning and disinfecting
- Details of disposal of contaminated waste
- Details of infection control procedure
- Details of sterilising equipment on the premises
- Details of sterilising equipment off the premises

## Section 5 – Amendment Application Details

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


## Section 6 – Declaration and Certification

Attached are documents detailing that all persons providing services have achieved the infection control competency standard 'HLTINF005 – Maintain Infection Prevention for Skin Penetration Treatments' or it's former titles "HILTIN2A HLTIN402B or HLTIN402C – Maintain Infection Control Standards in Office Practice Settings.  (Tick box to confirm)

Declaration	Applicant 1	Applicant 2
Have you been convicted of: <ul style="list-style-type: none"><li>• an indictable offence?</li><li>• an offence under the Public Health (Infection Control for Personal Appearance Services) Act 2003 or a corresponding law?</li><li>• an offence under the Medicines and Poisons Act 2019?</li><li>• an offence under the repealed Health Act 1937?</li></ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you 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
Have you 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

Have you been refused a licence under the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003, or corresponding law?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has 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

**Important:** If you answered yes to any of the above, provide details in an attachment.

Certification	Applicant 1	Applicant 2
I understand that I am applying for a licence regarding the suitability of the premises and licensee to carry out higher-risk personal appearance services this licence does not authorise the administration, application, prescription, injection and/or sale of scheduled medicines and drugs such as cosmetic injectables and topical anaesthetics (numbing creams) and/or to carry out procedures that are invasive, surgical or otherwise.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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
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 in full:	Name in full:
<b>Applicant signature:</b>	<b>Applicant signature:</b>
Date:	Date:
Position:	Position:

**Important:** 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 licenses under the Tattoo Industry Act 2013, please contact the Department of Justice and Attorney-General, Office of Fair Trading.

## Section 7 – Transfer

The current licensee must consent to the transfer of the licence. Deceleration 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 licence CS/HRISK/

Current licence holder 1	Current licence holder 2
Name in full:	Name in full:
<b>Applicant signature:</b>	<b>Applicant signature:</b>
Date:	Date:
Position:	Position:

## Section 8 – Fees (not subject to GST)




Application type	Fee
New Application (fixed premises)	\$907.00 + licence fee
New Application (mobile premises)	\$664.00+ licence fee
Application to amend an existing licence (internal design alternations/amended plans)	\$633.00
Licence Transfer	\$248.00
Replacement of Licence	\$33.00
Licence fee	\$601.00*

Your application cannot be processed unless the form is complete, signed and correct fees are paid in full.

The licence period is 1 September to 31 August and fees are charged yearly. Pro-rata licence fees will apply for applications made after 1 March (50% reduction) and after 1 June (75% reduction).

Pro-rate fee reductions apply to the licence fee only and are marked with \*. Pro-rata fee reductions do not apply to the application fee.

## PAYMENT OPTIONS

	<b>Paying by mail</b>	Make your cheque or money order payable to Logan City Council. Complete the application form and return it to Council.
	<b>Paying by phone</b>	Call Logan City Council on 07 3412 3412 to pay with Mastercard or Visa. Ensure you also return the signed application form to Council. A merchant surcharge fee of 0.34% will apply.
	<b>Pay online</b>	We will send through a notice of account once the application is lodged for you to pay. Please note that your application will not be processed until full payment has been received. A merchant surcharge fee of 0.34% will apply.
	<b>Paying in person</b>	Cash, cheque, money order, EFTPOS, Mastercard or Visa. Ensure you also return the signed application form to Council.
	<b>Customer service centre locations</b>	<b>Council Administration Centre</b> 150 Wembley Road, Logan Central <b>Beenleigh</b> - 105 George Street, Beenleigh <b>Jimboomba</b> - 18-22 Honora Street, Jimboomba

Phone: 07 3412 3412  
Email: [Council@logan.qld.gov.au](mailto:Council@logan.qld.gov.au)