

Application for Replacement of Higher Risk Personal Appearance Services Licence



Public Health (Infection Control for Personal Appearance Services) Act 2003
Section 61

ABN: 95399253048
Telephone: 07 4913 5000 / 1300 790 919
Postal: PO Box 2292 YEPPOON QUEENSLAND 4703

Enquiries: www.livingstone.qld.gov.au/OnlineServices



Did you know you can [apply online?](#)

PRIVACY NOTICE Livingstone Shire Council is collecting your personal information in order to provide the requested service and to update Council's records. The collection of this information is required under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

Licensee Details

Applicant Name (Corporation, Other entity)

List Names of Corporation's Directors (If applicable)

Postal Address

Registered Office Address (If Corporation)

Suburb and Postcode

Suburb and Postcode

Contact Number(s)

Email

Manager Name

Manager Contact Phone

Licence and Premise Details

Licence Number

Vehicle Registration Number (if mobile premise)

Trading Name

Registered Vehicle Owner (if mobile premise)

Address of Fixed Premise (if applicable)

Address where Mobile Premise kept (if applicable)

Suburb and Postcode

Suburb and Postcode

OFFICE USE ONLY

Receipt No.	Amount Paid \$	Date Paid __/__/____	CSR No:
Information Checked: Yes / No	Licence No:	Doc No:	Initials:

File LE19.4.7 –Licensing Personal Appearance Services – 19.6.4 – 3 years (after the refusal, expiry or cancellation of the licence)

Application for Replacement of Higher Risk Personal Appearance Services Licence Form July 2015 (Version 1.3)

Replacement Details

Reason for Replacement

- | | |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> Lost | <input type="checkbox"/> Damaged |
| <input type="checkbox"/> Stolen | <input type="checkbox"/> Destroyed |

Detail how the licence was lost, stolen, damaged or destroyed:

Declaration

I hereby apply for the replacement of licence to undertake a higher risk personal appearance services licence as detailed in this application and tender the prescribed fee and supporting documentation where required. I understand it is an offence under section 63 and section 64 of the *Public Health (ICPAS) Act 2003* to make a false or misleading statement or to provide false or misleading documents.

Signature of Licensee

Date

Name of Licensee (Individual, Partnership, Company)

Name of Signatory (If Partnership or Company)

Position of Signatory (If Partnership or Company)

Payment Options

Refer to Council's Current [Fees and Charges](#) for details

Payment must be made when the form is submitted – forms will not be processed until payment is received.



MAIL – Make your cheque/money order payable to Livingstone Shire Council and mail to PO Box 2292, Yeppoon QLD 4703



IN PERSON – You can pay this account at any of Council's Customer Service Centres:



ONLINE SERVICES – Visit www.livingstone.qld.gov.au/online-services
Email - HealthAdministration@livingstone.qld.gov.au

Yeppoon (Town Hall, 25 Normanby Street or
Emu Park (Library), 7-9 Hill Street