

**Section 1: Transferor/s Details (Applicant) (Please print)**

Full Name			
Company Name			
Contact Person (for company)		Position	
ACN			
Postal Address			
Telephone		Mobile	
Email			

**Section 2: Business Details**

Trading Name of Business			
Business Address			
Telephone		Mobile	
Business Email			
Postal Address			
ABN/ARBN			
Real Property Description			
Vehicle Details (if Applicable)	Registration Number		Colour
	Vehicle make		Model
Plans drawn to scale, not smaller than 1:50 of the proposed premises is provided with this application. Details of, for example, bench surface material, location of hand basin etc should be included.			

**Section 3: Transferee Details (current licensee)**

The current licensee must consent to the transfer of 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.			
Signature(s)		Date	
Signature(s)		Date	

#### Section 4: Suitability of Applicants

1. Has the applicant been convicted (or found guilty) of any of the following offences?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>An indictable offence (drink driving and minor traffic offences are not indictable offences)</li> <li>An offence against the Public Health (Infection Control for Personal Appearance Services) Act 2003 or a corresponding law</li> <li>An offence against the Health Act 1937 or an Australian or foreign law regulating the same subject matter as that Act</li> <li>An offence, relating to the provision of personal appearance services, against an Australian or foreign law.</li> </ul>	
2. Has the applicant held a licence under the Public Health (Infection Control for Personal Appearance Services) Act 2003, or a licence or registration under a corresponding law that was suspended or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the applicant been refused a licence under the Public Health (Infection Control for Personal Appearance Services) Act 2003, or a licence or registration under a corresponding law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the applicant had an application for the registration of an establishment refused under the Health Regulation 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the applicant had the registration of an establishment suspended or cancelled under the Health Regulation 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you answer "yes" to any of the above questions, you must provide a full explanation of the circumstances.*

#### Section 5: Explanation of 'Yes' response in Section 4

State the explanation and details of offense if answered 'yes' to any of the above. Please attach additional information if necessary.

#### Section 6: Details of Service

State the higher risk personal appearance services that the transferee intends to provide

#### Section 7: Lodgement

To assist with the approval process, it is suggested that you contact Council prior to lodging your application.

**Please note:** This application **MUST** be lodged with Council.

### Section 8: Declaration and Lodgement

**Declaration:** I, the above named applicant, do sincerely declare that the above information shown above is true and correct.

I also enclose the non-refundable application fee. I understand that the fee does not guarantee licence approval.

Signature of Applicant		Date	
Signature of Applicant		Date	

**Information Privacy Act 2009.** Burdekin Shire Council is collecting the personal information you provide on this form in accordance with the Public Health (Infection Control for Personal Appearance Services) Act 2003 for the purpose of updating council's records and monitoring future compliance. This information may be given to Queensland Health if investigation of a serious breach of the Act is warranted. Your information will not be disclosed to any other third party without your consent unless required or authorised by law.

#### Office Use Only

Fee Paid	\$	CSO Initials		Applic. No		Prop ID No	
Receipt No				Noted	New – LIC Renewal – EO	Land ID No	
Date Paid	/ /			Action	New – EO Renewal - LIC	Function ID No	650