2026/2027 Environmental Health
Higher Risk Personal Appearance Services

Authorising provisions - *Public Health (Infection Control for Personal Appearance Services) Act 2003*

Higher risk personal appearance service (PAS) *includes body piercing, tattooing, scarring or cutting the skin to make a permanent mark and implanting synthetic substances into the skin.*

INSTRUCTION: Complete either **PART A *OR* PART B** (not both) of Item 1. Complete all other sections. If you have any specific enquiries regarding how to complete this form, please contact council's Environmental Health Team by phoning 07 5329 6500.

Application Type	**Licence no**
☐ New licence - Assessment of application and licence	
☐ Amendment of licence – administration change to applicant/licence details (e.g. change of business name or details)	Applicant to provide licence no.
☐ Amendment of licence with alterations to the premises – assessment of application, plans & Inspection	Applicant to provide licence no.
☐ Transfer of licence	Applicant to provide licence no.

1. Applicant Details - Licence holder to complete *either* PART A OR PART B of Item 1- do not complete both parts.

PART A. Company, Corporation or Incorporated Association (not for profit) – *Trust not accepted*

Corporation, business or incorporated association Family trust is not a legal entity for a PAS licence.	ACN
Registered address for correspondence *(as per Corporations Act or Associations Incorporation Act 1981)*	
Email	Phone

**Please attach current company extract (issued within the previous 30 days) from the Australian Securities & Investment Commission (ASIC)*

PART B. Person – Individual only

Surname	Given names
Registered address *(for correspondence)*	
Email	ABN
Business Phone	Mobile

* *Please attach an additional sheet if there are more than two applicants.*

2. Business Details

Trading name		Opening/settlement date	
Postal address (for licence correspondence)			
Suburb		State	Postcode
Preferred contact person			
Business phone	Alternate phone	Mobile	
Email address			
Proposed opening date			
Previous trading name (new licensee only)			

3. Premises Details

Fixed premises

Lot no	Plan no	Property No	Shop no	Street no
Street		Suburb		Postcode

Mobile operations

Vehicle details	Make	Model	Registration no
Garaging address	Street no	Street	
	Suburb		Postcode

4. Development & Building Assessment

Where your proposal involves new or altered structures you may require planning, building, plumbing or trade waste approvals. It is your responsibility to ensure all relevant approvals are obtained prior to operating. Contact the relevant departments via council's Customer Service Centre to determine which approvals you need. If you have already obtained these approvals, please provide the council reference numbers below:

- ☐ Development approval number:_____
- ☐ Building approval (tenancy fit-out) number:_____
- ☐ Plumbing approval number:_____
- ☐ Trade waste approval number:_____

A licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003* does NOT constitute approval of other aspects of your operation.

5. Premises Operation and Fit-out

Copies of layout plans, sectional elevations and hydraulic plans of the premises or vehicle to be drawn to a scale of not less than 1:100 are to be submitted for approval. Such plans must satisfy the performance criteria and acceptable solutions specified in the Queensland Development Code, MP 5.2 - Higher Risk Personal Appearance Services. A copy of MP 5.2 is available here

Required details in plans to include:

- ☐ Dirty/contaminated zone with utensil cleaning sink
- ☐ Location of instrument washers and sterilisers
- ☐ Clean zone with hand wash basin
- ☐ Location of all benches, beds, equipment trolleys, storage cupboards, etc
- ☐ Finishes and materials of surfaces of floors, walls, ceiling, benches and cupboards
- ☐ Location of internal and external waste storage

You must also incorporate the operational requirements of the Infection Control Guidelines for Personal Appearance Services which is available on the QLD Health website

Required information to include:-

- ☐ Specifications of instrument washers and sterilisers
- ☐ Specifications of hand wash basin (internal dimensions, type of tap) and clean sink (internal dimensions, hot and cold water)
- ☐ Infection Control Plans (e.g. methods of sterilisation and cleaning)
- ☐ Method of waste collection and disposal for both general waste and sharps
- ☐ Storage for soiled and clean linen and proposed cleaning methods

For changes to existing premises, please provide one copy of the existing floor plan and a copy of the proposed floor plan.

6. Higher Risk Activity Details

Activity(ies) to be conducted at your premises – please tick

- ☐ Tattooing
- ☐ Semi-permanent make-up (e.g. microblading)
- ☐ Body Piercing
- ☐ Implant synthetic substance into the skin (e.g. beads or hair)
- ☐ Cosmetic tattooing
- ☐ Decorative shape implant / Scarring
- ☐ PDO threads
- ☐ Cosmetic injectables (e.g. botox and fillers)
- ☐ Skin needling (with implantation)

Other skin penetration activity (please detail)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

7. Infection Control Personnel and Qualifications

Names of all persons conducting higher risk personal appearance services at the premises:

	Name	**Competency/ies achieved – see below**	**Statement of attainments attached**
1.			☐
2.			☐
3.			☐
4.			☐

Competency standards:

- Infection Control Competency HLTINF005 – Maintain Infection Prevention for Skin Penetration Treatments

Please Note:

People who personally provide higher risk personal appearance services must achieve one or both of the above competency standards. These competencies are approved by the Ministerial Council for Vocational & Technical Education. Business proprietors of higher risk services must ensure people they employ or use to provide services achieve these competency standards prior to providing higher risk personal appearance services.

8. Applicant Suitability Statement

Have you ever been convicted or found guilty of an indictable offence, other than a spent conviction?	☐ Yes* ☐ No
Have you ever held a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, or a licence or registration under the *Health Act 1937* or a corresponding law that was suspended, cancelled or refused?	☐ Yes* ☐ No
Have you ever been convicted or found guilty of an offence against the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, the *Health Act 1937* or a corresponding Australian or foreign law?	☐ Yes* ☐ No

*Provide details and circumstances for ALL applicants, including individuals, executive officers of corporations, or members of incorporated association's management committee.

9. Amendment of Licence

Please attach details of your request:

Please note, depending upon the nature of your request, further information or application(s) may be required.
If this is the case, you will be contacted and advised of these requirements.

10. Existing Licensee Details – transfer applications only – to be completed by existing licensee		
I/We, being the current holder(s) of the licence, the particulars of which are set out in this application form, hereby consent to the transfer of that licence to the persons described above.		
Existing licence no	Date licence current to	
Trading name on licence		
Licensee name(s)		
Date of settlement	Phone	Mobile

11. Fees – the term of licence will be until 31st July (unless cancelled or suspended)			
Category - please tick	**Plan assessment**	**Licence fee**	**Total fee**
☐ New licence Assessment of Application and Plans	$599.50	$599.50	$1,199.00
☐ Amendment of licence – administration change to applicant/licence details (e.g change of business name or details)	N/A	$112.00	$112.00
☐ Amendment of licence with alterations to the premises – assessment of application, plans & Inspection	$429.50	N/A	$429.50
☐ Transfer of Licence	N/A	$183.50	$183.50
A payment link will be provided and emailed to the applicant to make secure payment – council does not accept payment details by form/phone for security reasons. **Please note:** Keep your receipt from the website when making payment, as receipts cannot be reissued.			

12. Checklist	Applicant	Customer Contact
2 copies of plans attached	☐	☐
Applicant suitability supporting information attached (if applicable)	☐	☐
Relevant parts completed, signed and correct fee enclosed	☐	☐

13. Declaration of Applicant

I/We, the applicant, declare that the above information is correct in all respects, at the time of lodgment of this application with the Noosa Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Council in writing **prior** to any such change being implemented.

I/We hereby make application to conduct a personal appearance service under the *Public Health (Infection Control for Personal Appearance Services) Act 2003* as set out in this application form and attached documentation.

I am/We are aware that I/we must ensure that any person providing a higher risk personal appearance service must have the required infection control qualifications.

	Name	Signature	Position, eg director, manager	Date
Applicant 1				
Applicant 2				

Privacy

Noosa Shire Council will only use the personal information collected for the intended purpose, to remain in contact with you regarding your request and the legitimate functions and services of Council affecting your property. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and associated laws. Access to your personal information will only be provided to appropriate Council employees and authorised officers. Council may provide your details to other relevant Queensland State Departments where necessary to process your request. Otherwise, your personal information will only be disclosed to third parties with your consent, or if required to do so by law. Your personal information is handled in accordance with Council's Privacy Policy.