



Change in certain particulars

Tattoo Parlours Act 2013

This form is effective from 1 July 2016

ABN: 13 846 673 994

You need to complete this form to advise if you change location of your business premises. Also, you need to complete this form to advise of any change in employment of staff members.

Identity verification check

Personal identification check 100 point

You must establish your identity by providing documents from the list (to the right) certified as true copies of the original (see note).

You must provide at least one primary document and one or more secondary documents.

Note: This office will only accept photocopies of original documents certified by the following people: Justice of the Peace, Commissioner for Declarations, barrister/solicitor; or Notary Public.

Primary documents	Points
Passport (current or expired within the past two years, but not cancelled)	70
Birth certificate/extract	70
Citizenship certificate	70
Secondary documents	Points
Australian driver's licence	40
Public service employee ID card	40
Social security card	40
Tertiary education student ID card	40
18+ card	40
Mortgage documents	Points
Letter from employer (current or within past two years)	35
A rating authority e.g. land rates	35
Utility bill* e.g. electricity, gas, telephone	35
ATM card, credit card, bank book statement*	25
Council rates notice	25
Medicare card	25
Marriage certificate	25

* You cannot use more than one from the same financial institution or utility.



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OFFICE USE ONLY

Date received

.....

Lodgement details

Lodgement unit number

.....

Total amount: \$

Entity

Entity number

Instructions

Please use BLOCK letters when you fill out this form and attach extra sheets if necessary. All dates should be DD/MM/YYYY. Please note, that the licence fees quoted in this application may be altered at any time by regulation. Check our website to confirm current fees. Notes to assist you in completing this form can be found in the margins and at the beginning of the document.

Licence applications under the *Tattoo Parlours Act 2013* can only be lodged by mail.

Please note that it may take some time to process your application. Make sure you provide all the information required with your application to avoid delays.

Privacy statement—please read

The Office of Fair Trading collects information, including personal information, on this form as required by the *Tattoo Parlours Act 2013* to process your licence application. In accordance with this Act, some personal information and business information may be passed on to police services in Australia (including federal, states and territories) for criminal history searches. Enquiries may also be made with the Department of Immigration and Border Protection to verify eligibility to work in Australia. Your name, business address, business information and postal address will be placed on a register which may be inspected by the public. Additionally, information on this form can be disclosed without your consent where authorised or required by law. Under the *Fair Trading Act 1989* information may also be shared on a confidential basis with other Australian fair trading agencies.

Fees

The licence fees for this application are available on the Fair Trading website at www.qld.gov.au/fairtrading. No GST is payable on the fee.

Name of tattoo parlour operator

Name of tattoo parlour operator and business name (if applicable)

.....

Purpose of form

From the list on the right, please tick the box to indicate the purpose of this form

Change of licensed premises address (Section 1)

(fee applicable as above)

Notification of change of staff member (Section 2)

This area has been intentionally left blank.

Section 1—Address change for licensed premises

<p>Current business details Please strike out which business structure does not apply.</p>	<p>Corporation/Trust/Partnership/Owner name</p> <p>Business name</p> <p>Please show the full name as listed on the Record of Registration for Business Name.</p> <p>Australian Company Number (ACN) <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> (if applicable)</p>
<p>Current premises address Primary business address</p>	<p>Unit/shop number Street number</p> <p>Street name</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>New postal address (if different from above)</p>	<p>Postal address</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Contact details</p>	<p>Phone Fax</p> <p>Email</p> <p>Website</p>
<p>New premises address</p>	<p>Unit number Street number</p> <p>Street name</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Phone Fax</p> <p>Email</p> <p>Website</p> <p>Is the applicant for the licence the sole owner of the above business premises?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered 'No' to the above question, the name and contact details of the owner(s) are to be shown below. <i>(if there is insufficient space to show all owners, attach a separate sheet showing the relevant particulars).</i></p>
<p>Premises owner details A Close Associate Form (Form 1A) will be required if the owner of the business premises is not the applicant for an Operator Licence (ie: if business operates from a rented premises, Form 1A must be completed for the landlord). Each form must be accompanied by certified photocopies of original identification documents. Identification documents must total 100 points. Refer to the Notes section for further information on points and certifying requirements.</p>	<p>Name(s) of owner(s) of premises</p> <p>.....</p> <p>Contact name (if owner is not an individual)</p> <p>Address (can be either a street address or a postal address).</p> <p>Unit/flat number Street number</p> <p>Street name</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Phone Mobile</p> <p>Email</p>

Section 1—Address change for licensed premises continued

Premises owner address	Unit/flat number	Street number
	Street name	
	Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 2—Notification of change of tattoo parlour staff

This section must be completed by the Premises Manager

Employees and staff members are defined as close associates in Section 4 of the *Tattoo Parlours Act 2013*.

Details of all new staff members are to be provided below and on the next page. If there are more than two staff members you will need to attach additional sheets showing details of the third and any subsequent staff members.

If the staff member holds a Tattooist Licence, please provide their full name and licence number. If the staff member does not hold a Tattooist Licence, they will need to provide certified photocopies of original identification documents. Identification documents must total 100 points; refer to the Notes section for further information on points and certifying requirements.

A Close Associate Form (Form 1A) must be completed for each staff member.

Commencing employment

New staff member details	Position held	
	Tattooist licence number (if applicable)	
	Commencement date	
	Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify)	
	Surname	
	Given name Middle name(s)	
	Date of birth <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D D M M Y Y Y Y	
Residential address	Unit/flat number	Street number
	Street name	
	Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
New staff member details	Position held	
	Tattooist licence number (if applicable)	
	Commencement date	
	Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify)	
	Surname	
	Given name Middle name(s)	
	Date of birth <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D D M M Y Y Y Y	
Residential address	Unit/flat number	Street number
	Street name	
	Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Ceasing employment

Details of staff member leaving business

Position held

Tattooist licence number (if applicable)

Commencement date

Cessation date

Preferred title Mr Mrs Ms Miss Other (specify)

Surname

Given name Middle name(s)

Date of birth _D_D / _M_M / _Y_Y_Y_Y

Details of staff member leaving business

Position held

Tattooist licence number (if applicable)

Commencement date

Cessation date

Preferred title Mr Mrs Ms Miss Other (specify)

Surname

Given name Middle name(s)

Date of birth _D_D / _M_M / _Y_Y_Y_Y

Section 3—Premises manager signature

Premises manager signature

Signature

Print name

Date _D_D / _M_M / _Y_Y_Y_Y

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Please scroll down for payment details.

If you do not complete the payment section your application will be considered incomplete. This will delay processing of your application.

Payment details

<p>Payer details</p> <p>This section must be completed by the person who provided payment for this application</p>	<p>Name..... Street number.....</p> <p>Address</p> <p>Suburb State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Phone () Fax ()</p> <p>A receipt will not be issued unless specifically requested.</p> <p>Receipt of payment request <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Change of address</p>	<p>If you change your address you are required to notify the chief executive in writing within fourteen business days. If you do not notify Industry Licensing within the required timeframes it may result in a fine being issued.</p>
<p>Lodgement details</p>	<p>Licence applications under the <i>Tattoo Parlours Act 2013</i> can only be lodged by mail.</p> <p>Please lodge the completed application, any supporting documentation and fees to the Office of Fair Trading at the address below.</p> <p>By mail:</p> <p>Industry Licensing Unit, Office of Fair Trading, GPO Box 3111, Brisbane QLD 4001.</p> <p>Visit www.qld.gov.au/fairtrading or call 13 QGOV (13 74 68) for further information.</p>

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Payment and lodgement details

<p>Credit card payment</p> <p>Charge my:</p> <p>Credit card number:</p> <p>Cardholder's name:</p> <p>Amount authorised:</p> <p>Cardholder's signature:</p>	<p><input type="checkbox"/> Credit card <input type="checkbox"/> Money order <input type="checkbox"/> Cheque</p> <p>Make money order or cheque payable to the Office of Fair Trading.</p> <p><input type="checkbox"/> Mastercard <input type="checkbox"/> VISA</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>.....</p> <p>\$ Expiry date <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>.....</p>
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