

## Application for a tattooing show/exhibition permit

Tattoo Industry Act 2013

This form is effective from 10 August 2020

ABN: 13 846 673 994

A body art tattooing show/exhibition permit authorises the permit holder to conduct a body art tattooing show or exhibition, whether on the permit holder's behalf or on the behalf of another person:

- (a) at the premises stated in the permit
- (b) under the conditions of the permit
- (c) for the period stated in the permit.

You must hold a certificate in Maintain Infection Prevention for Skin Penetration Treatments (HLTINF005) to tattoo in Queensland.

An application for an exhibition permit may only be made by an individual, and must be made to the chief executive. An application for an exhibition permit for a body art tattooing show or exhibition to be conducted by or on behalf of a corporation, partnership or trust must be made by an individual nominated to be the events manager for the show or exhibition.

An application for an exhibition permit **may not** be made by an individual who is:

- (a) under the age of 18 years, or
- (b) not an Australian citizen or Australian resident, or

An application for a permit must be made at least 28 days before the proposed commencement date.

A permit may be granted for a period of up to seven days at a time.

The chief executive may decide not to grant a permit if an individual has held more than two exhibition permits in the same calendar year.

When your application is received by the Office of Fair Trading, it will be checked for completeness. If there is an issue, we will contact you for clarification. Office of Fair Trading will carry out such investigations and inquiries in relation to your application as are considered necessary for the proper consideration of the application.

### Identity verification check

#### Personal identification 100 point check

You must establish your identity by providing documents from the list (to the right) certified as true copies of the original (see note). Originals may also be sighted and copied by staff if you are lodging the application in person at a departmental counter.

Different types of identity documents are worth different points (see table). You can use different combinations of documents to make up your 100 points, but **you must include at least one primary document as part of your 100 points.**

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

Document	Points value
<b>Primary documents</b>	
Passport (current or expired within the past two years, but not cancelled)	50
Birth certificate/extract	50
ImmiCard	50
Australian driver's licence	50
18+ card	50
<b>Secondary documents</b>	
Australian Citizenship certificate	40
Public service employee ID card	40
Social security card	40
Tertiary education student ID card	40
Mortgage documents	40
Letter from employer (current or within past two years)	25
A rating authority e.g. land rates	25
Utility bill* e.g. electricity, gas, telephone	25
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.	



## Application for a tattooing show/exhibition permit

Tattoo Industry Act 2013

This form is effective from 10 August 2020

ABN: 13 846 673 994

### OFFICE USE ONLY

#### Date received

.....

#### Payment details

Amount allocated

\$ .....

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. 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, supporting documentation and fees under the *Tattoo Industry Act 2013* can be lodged by mail or at one of our regional offices or Queensland Government Service Centre.**

**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 (OFT) collects information, including personal information, on this form as required by the *Tattoo Industry 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 Home Affairs 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.

If you give the OFT an email address to communicate with you, the personal information in these communications will be stored on your email service provider's servers. These servers may be outside of Australia. By giving us your email address, you are consenting to the personal information contained within the emails to and from the OFT to be transferred outside Australia.

### Fees

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

You must hold a certificate in Maintain Infection Prevention for Skin Penetration Treatments (HLTINF005) to tattoo in Queensland.

### Name of applicant

#### Name of applicant

**Note:** Applicant must be an individual.

.....

#### Fee

(Tick applicable box)

One to five participants

Six to 10 participants

11 or more participants

This area has been intentionally left blank.

## Part A —Applicant details

<p><b>Applicant details</b></p> <p>An application for a permit may only be made by an individual.</p> <p>You must provide evidence of each change of name. ie certified copies of marriage or change of name certificate.</p>	<p>Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) .....</p> <p>Surname .....</p> <p>Given name ..... Middle name(s) .....</p> <p>Phone (business hours) ..... Fax .....</p> <p>Mobile ..... Phone (after hours).....</p> <p>Email .....</p> <p>Drivers licence number.....</p> <p>State/Territory/Country of issue <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Is the applicant known by or have they ever been known by any other name? (ie Maiden name or Also Known As (AKA))</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Provide details of other names</p> <p>.....</p>	
<p><b>Date and place of birth</b></p> <p><b>Note:</b> You must provide 100 points of original proof of identification. Refer to the notes section for a list of documents. Certified copies of original documents are required.</p>	<p>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</p> <p>Place of birth: Town ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Country .....</p>	
<p><b>Citizen or residency status</b></p> <p><b>Note:</b> If you are not an Australian citizen or an Australian resident you are not eligible to apply for this licence.</p>	<p>Are you an Australian citizen?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you an Australian resident?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Residential address</b></p>	<p>Unit/flat number ..... Street number .....</p> <p>Street name .....</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><b>Postal address</b> (if different from above)</p>	<p>Postal 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>	

## Part B—Term of permit

<p><b>Event date, time and duration.</b></p>	<p>A body art tattooing show/exhibition permit may be granted for a <b>maximum period of seven days</b>. Please state the proposed date when the body art tattooing show/exhibition will start:</p> <p>Commencement date <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</p> <p>State the number of days for which you will require the permit: <input type="text"/> days</p> <p>The permit, if issued, will take effect from the proposed start date stated above.</p> <p>Conclusion date <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</p>
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## Part C—Premises at which body art tattooing show/exhibition will take place

<b>Address</b>	Venue name ..... Unit/shop 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"/>
<b>Business details</b>	Event name ..... Business name .....
<b>Contact details</b>	Phone ..... Fax ..... Email .....

## Part D—Likely participants at body art tattooing show or exhibition

If insufficient space, provide details on separate page and attach to this application form.	Name of body art tattooist ..... Residential address of tattooist ..... Suburb ..... State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Licence or permit number (if applicable) ..... Do you hold a certificate for Maintain Infection Prevention for Skin Penetration Treatments (HLTINF005)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach a copy)
	Name of body art tattooist ..... Residential address of tattooist ..... Suburb ..... State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Licence or permit number (if applicable) ..... Do you hold a certificate for Maintain Infection Prevention for Skin Penetration Treatments (HLTINF005)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach a copy)
	Name of body art tattooist ..... Residential address of tattooist ..... Suburb ..... State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Licence or permit number (if applicable) ..... Do you hold a certificate for Maintain Infection Prevention for Skin Penetration Treatments (HLTINF005)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach a copy)
	Name of body art tattooist ..... Residential address of tattooist ..... Suburb ..... State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Licence or permit number (if applicable) ..... Do you hold a certificate for Maintain Infection Prevention for Skin Penetration Treatments (HLTINF005)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach a copy)

## Part D—Likely participants at body art tattooing show or exhibition continued

<p>If insufficient space, provide details on separate page and attach to this application form.</p>	<p>Name of body art tattooist .....</p> <p>Residential address of tattooist .....</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>Licence or permit number (if applicable) .....</p> <p>Do you hold a certificate for Maintain Infection Prevention for Skin Penetration Treatments (HLTINF005)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach a copy)</p>
	<p>Name of body art tattooist .....</p> <p>Residential address of tattooist .....</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>Licence or permit number (if applicable) .....</p> <p>Do you hold a certificate for Maintain Infection Prevention for Skin Penetration Treatments (HLTINF005)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach a copy)</p>

## Part E—Ownership details and nomination of event manager

<p>An application for a permit in connection with a body art tattooing show or exhibition to be conducted by or on behalf of a corporation, partnership or trust must be made by an individual nominated by the corporation, partners or trustees to be the event manager.</p>	<p>Will you be conducting the show or exhibition on behalf of:</p> <p><b>a corporation</b> <input type="checkbox"/> Yes (provide details below)</p> <p><b>a trust</b> <input type="checkbox"/> Yes (provide details below)</p> <p><b>a partnership</b> <input type="checkbox"/> Yes (provide details below)</p> <p><b>yourself</b> <input type="checkbox"/> Yes (go to Part G)</p>
<p><b>Corporation details</b></p>	<p>Corporation name .....</p> <p>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"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Primary business 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>Phone ..... Fax .....</p> <p>Email .....</p> <p>Web address (if any) .....</p>
<p><b>Trust details</b></p>	<p>Trust name .....</p> <p>Australian Business Number (ABN) <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"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Primary business 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>Phone ..... Fax .....</p> <p>Email .....</p> <p>Web address (if any) .....</p>
<p><b>Partnership details</b></p> <p>List details of each partner as indicated in sections below.</p>	<p>Trading name of partnership (if applicable) .....</p> <p>Australian Business Number (ABN) <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"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Phone ..... Fax .....</p> <p>Email .....</p> <p>Web address (if any) .....</p>

## Part E—Ownership details and nomination of event manager continued

### Partner/Trustee/ Executive Officers

If there are more than three Partners/Trustees/Executive Officers, you will need to add additional sheets with their details.

You must provide evidence of each change of name ie: certified copies of marriage or change of name certificate.

Preferred title  Mr  Mrs  Ms  Miss Other (specify) .....

Surname .....

Given name ..... Middle name(s) .....

Date of birth  /  /  Place of birth .....

Phone ..... Fax .....

Mobile ..... Phone (after hours) .....

Email .....

Web address (if any) .....

Drivers licence number .....

State/Territory/Country of issue .....

Is the applicant known by or have they ever been known by any other name?  
(ie Maiden name or Also Known As (AKA))

No  Yes – Provide details of other names

.....

### Address details

Unit/shop number ..... Street number .....

Street name .....

Suburb ..... State  Postcode

### Postal address

(if different from above)

Postal address .....

Suburb ..... State  Postcode

### Partner/Trustee/ Executive Officers

Contact details

You must provide evidence of each change of name ie: certified copies of marriage or change of name certificate.

Preferred title  Mr  Mrs  Ms  Miss Other (specify) .....

Surname .....

Given name ..... Middle name(s) .....

Date of birth  /  /  Place of birth .....

Phone ..... Fax .....

Mobile ..... Phone (after hours) .....

Email .....

Web address (if any) .....

Drivers licence number .....

State/Territory/Country of issue .....

Is the applicant known by or have they ever been known by any other name?  
(ie Maiden name or Also Known As (AKA))

No  Yes – Provide details of other names

.....

**Part E—Ownership details and nomination of event manager continued**

<p><b>Address details</b></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><b>Postal address</b> (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><b>Partner/Trustee/ Executive Officers</b> Contact details</p> <p>You must provide evidence of each change of name ie: certified copies of marriage or change of name certificate.</p>	<p>Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) .....</p> <p>Surname .....</p> <p>Given name ..... Middle name(s) .....</p> <p>Date of birth <input type="text"/><input type="text"/>/ <input type="text"/><input type="text"/>/ <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Place of birth .....</p> <p>Phone ..... Fax .....</p> <p>Mobile ..... Phone (after hours) .....</p> <p>Email .....</p> <p>Web address (if any) .....</p> <p>Drivers licence number .....</p> <p>State/Territory/Country of issue .....</p> <p>Is the applicant known by or have they ever been known by any other name? (ie Maiden name or Also Known As (AKA))</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Provide details of other names</p> <p>.....</p>
<p><b>Address details</b></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><b>Postal address</b> (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>

This area has been intentionally left blank.

## Part F—Signatures

**In the case of a corporation, a director of the corporation must sign. In the case of a partnership, each partner must sign. If a corporation is a partner, a director of each partner corporation must sign. In the case of trustees, each trustee must sign. Include the capacity of the signatory e.g. director of XYZ Pty Ltd, partner or trustee.**

Signature .....

Print name .....

Capacity.....

Date   /   /      
D D M M Y Y Y Y

Signature .....

Print name .....

Capacity.....

Date   /   /      
D D M M Y Y Y Y

Signature .....

Print Name.....

Capacity.....

Date   /   /      
D D M M Y Y Y Y

Signature .....

Print name .....

Capacity.....

Date   /   /      
D D M M Y Y Y Y

## Part G—Legislative requirements relating to the performance of body art tattooing procedures

The chief executive will consider the applicant's capacity to ensure that participants comply with Queensland Government legislative requirements, relating to the performance of body art tattooing procedures.

**Make the following declarations by ticking the 'Yes' box.**

I have read the notes on Applying for a body art tattooing show/exhibition permit before the start of the form.

Yes

I undertake to ensure that all participants in the body art tattooing show or exhibition comply with Queensland Government legislative requirements relating to the performance of body art tattooing procedures.

Yes

## Part H—Previous permits held

Have you previously been issued with a Body Art Tattooing Show or Exhibition Permit under the *Tattoo Industry Act 2013* or previously repealed Act?

No  Yes – Please provide details

.....  
 .....  
 .....



## Part I—Declaration by applicant

I am applying for a Body Art Tattooing Show or Exhibition Permit under the *Tattoo Industry Act 2013* and certify that the particulars specified in this application and all attachments are, to the best of my knowledge, true and correct in every detail, and I:

- authorise the Office of Fair Trading to make any inquiries and to receive and disclose any information which is relevant to my ongoing eligibility to hold this permit
- accept that failure to supply information required on this application may delay the processing of this application
- have a right to seek access to and correction of information supplied;

Note: It is an offence under the *Tattoo Industry Act 2013* to make a false or misleading statement in this application.

Signature: ..... Date   /   /      
D D / M M / Y Y Y Y

Full name.....

## Part J—Checklist

Please check each statement and tick each box if you have met the following requirements:

- I have completed each part of this form honestly and correctly to the best of my knowledge.
- I have provided all relevant documentation to meet the 100 point identification verification check.
- I have enclosed the application fee.

**Please note: if you do not provide all the information requested on this form, your application will be delayed until the department receives the required information from you.**

Signature: ..... Date   /   /      
D D / M M / Y Y Y Y

Print name .....

## Lodgement details

### IMPORTANT!

Please make sure you:

- provide all necessary information and documentation
- sign the application
- return all pages of the application form.

**Please lodge the completed application, any supporting documentation and applicable fees to the Office of Fair Trading at the address below, at one of our regional offices, or at a Queensland Government Service Office.**

#### By mail:

Industry Licensing Unit, GPO Box 3111, Brisbane QLD 4001

#### In person:

Visit [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading) or call **13 QGOV** (13 74 68) for information and your nearest Fair Trading Office or Queensland Government Service Office.

**This page has been intentionally left blank.**

**Proceed to next section for payment details.**

**If you do not complete the payment section this form will be considered incomplete and may delay processing.**

## Payer details

This section must be completed if payment has been made by another person on behalf of the applicant.

Name .....

Postal address .....

Suburb ..... State    Postcode

Mobile ..... Fax number .....

Receipt request Yes  No

Email .....

## Payment

### Payment details

Cash—pay in person  Debit/Credit card  Money order  Cheque  
**Do not send cash by mail**

Make money order or cheque payable to the Office of Fair Trading.  
**A receipt will not be issued unless specifically requested.**

### Debit/Credit card

**OFT cannot accept debit/credit card details over the phone, fax or email (including any attachments) in accordance with the Payment Card Industry Data Security Standard. If an email or fax is received containing debit/credit card details, it will be deleted immediately and your application and payment will not be processed.**

Charge my:



Go online to [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)

Debit/Credit card number:

Cardholder's name:

.....

Amount authorised:

\$ ..... Expiry date:   /

Cardholder's signature:

.....



### Online payments

Tick box if you wish to pay online

If you select this option, once OFT has received your documentation, an officer will be in contact to provide you with a Customer Reference Number (CRN). You can use this to pay via the following methods:



Go online to [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)



Payments can be made using **BPAY** through your bank or financial institution using the reference details that will be provided to you.



### By post

A cheque or money order can be posted in, together with the application form.

**Make money order or cheque payable to the Office of Fair Trading**



### In person

You can also visit a Fair Trading Office or an applicable Queensland Government Service Office to lodge this application and pay the applicable fees over the counter.

Visit [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading) or call **13 QGOV** (13 74 68) for your nearest Fair Trading Office or Queensland Government Service Office.