



Nomination of Premises Manager under the Tattoo Industry Act 2012

OFFICE USE ONLY												
Application No:	-											
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NOTE

1. An application for a Master licence in connection with a body art tattooing business that is owned or operated 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 **Premises Manager**.
2. This form must be submitted with the Master licence application to nominate the **Premises Manager** for the body art tattooing business and:
 - in the case of a corporation, a director of the corporation must sign this form.
 - in the case of a partnership, each partner must sign this form.
 - if a corporation is a partner, a director of each partner corporation must sign this form.
 - in the case of a trust, each trustee must sign the form.

Please use a BLACK or BLUE PEN. Print clearly within the boxes in CAPITAL LETTERS.

1 BUSINESS DETAILS

1.1 Provide the location of the body art tattooing business premises.

PREMISES ADDRESS

SUBURB/TOWN

STATE

POSTCODE

1.2 Provide the name of the Master Licensee/Applicant.

LAST NAME

GIVEN NAME(S)

1.3 Provide the Master Licence number (if held).

1.4 What is the business structure of the owner/operator of the body art tattooing business?

CORPORATION Go to Section 2

PARTNERSHIP Go to Section 3

TRUST Go to Section 4

2 CORPORATION DETAILS

2.1 Provide the name of the Corporation.

2.2 Provide the ACN/ABN/ARBN of the Corporation.

2.3 Provide the Registered Business Name of the Corporation (if applicable).

3 PARTNERSHIP DETAILS

3.1 Provide the name of each Partner. (Attach a separate sheet if insufficient space)

PARTNER 1

LAST NAME

GIVEN NAME(S)

PARTNER 2

LAST NAME

GIVEN NAME(S)

3.2 Provide the Registered Business Name of the Partnership.

3.3 Provide the name of the Corporation if a partner.

3.4 Provide the ACN/ABN/ARBN of the Corporation if a partner

3.5 Provide the Registered Business Name of the Corporation if a partner (if applicable).

4 TRUST DETAILS

4.1 Provide the name of the Trust.

4.2 Provide details of the Trustee. (Attach a separate sheet if insufficient space)

TRUSTEE 1

LAST NAME

GIVEN NAME(S)

ACN/ABN/ARBN

TRUSTEE 2

LAST NAME

GIVEN NAME(S)

ACN/ABN/ARBN

5 DECLARATION

The owners/operators of the body art tattooing business detailed in sections 1-4 above hereby nominate (insert full name):

whose Date of Birth is / / as the Premises Manager of the body art tattooing business located at:

(Insert address of licensed premises or proposed licensed premises)

In the case of a corporation, a director of the corporation must sign this form. 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 a trust, each trustee must sign the form. (Attach an additional form if insufficient space).

PERSON 1

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE

/

/

PERSON 2

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE

/

/

PERSON 3

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE

/

/

PERSON 4

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE

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PERSON 5

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE

/

/

PERSON 6

SIGNATURE

PRINT NAME

CAPACITY/ROLE

DATE

/ /