

QUEENSLAND  
Prostitution Act 1999  
Part 3 Section 35 (2)(a)



## Prostitution Licensing Authority

### APPROVED MANAGER'S CERTIFICATE NEW/RENEWAL APPLICATION

#### Contains

1. Instructions for completion
2. Personal Details, Associates' Details, Brothel Details and Other
3. Authority for Release of Information

**Please read instructions carefully before completing all forms and lodging with:**

The Office of the  
Prostitution Licensing Authority  
GPO Box 3196  
Brisbane Qld 4001

**Applicant Surname** \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETION

1. Type or print in BLOCK LETTERS and answer EVERY question as accurately and completely as possible.
2. Please use a BLACK or BLUE ballpoint pen when completing forms.
3. Corrections are to be struck out with a line and initialled. Correction fluid is not acceptable.
4. If a question does not apply state 'N/A' (not applicable) in the box.
5. If there is nothing to disclose in reply to a particular question state 'NIL'.
6. If there is insufficient space to answer a question, additional information may be provided by attachment. When using an attachment page begin each answer with the title and question number being answered.
7. This application is to be completed in the English language. Any documents not in English are required to have a certified English translation attached.
8. Documents or other information sought from authorities in Australia may not be applicable to an individual currently or previously residing in another country. In such cases the documents or information should be obtained from the equivalent authority of that country.
9. Please enclose all relevant fees with the application form. Any application form received **without** the correct fees will be **returned** to sender.
10. For any relevant inquiries, please contact the Office of the Prostitution Licensing Authority through our website, by email at [PLAAdmin@justice.qld.gov.au](mailto:PLAAdmin@justice.qld.gov.au), or by phone at (07) 3858 9500. If calling from outside Australia, please use the number +617 3858 9500.

Applicant Surname \_\_\_\_\_

## STATEMENT OF PERSONAL DETAILS

Please use **BLOCK LETTERS**  
Please place an "X" in the boxes where appropriate, to show your answers

1. Your surname

Given name(s) (First and any second names)

Title (Mr/Ms/Mrs/Miss/Dr/Other)

2. Have you ever been known by any other name?

This includes any maiden name, former married name or any name you have previously used, whether your name has been changed or not.

No  Go to the next question.

Yes  Please specify below what other name(s) you have been known by:

  

3. Date of birth

 /  / 

Gender (circle)

Male / Female / Other

Place of birth

  
.....  
City / Town                      State / Territory  
.....  
Country

4. Mobile phone number

Current residential address (PO Box not acceptable)

 Postcode

Daytime contact number

 ( )

After hours number

 ( )

E-mail address

Current postal address. The PLA will send all correspondence to this address.

 Postcode

5. Are you an Australian citizen?

No  Please provide a copy of your passport.

Yes  Please go to the next question.

6. Have you been convicted of a disqualifying offence, as defined by Schedule 1 and 2 of the *Prostitution Act 1999*?

No  Go to the next question.

Yes  Go to the next question

7. Are you the holder of licence or permit under the *Liquor Act 1992 (QLD)*?

No  Go to the next question.

Yes  Go to the next question

## ASSOCIATES' DETAILS

### Family information

8. What is your current marital status?

Single  Go to the next question

Married/De Facto  Specify below

Partner  Specify below

Divorced/widowed  Go to the next question

Date of marriage (if applicable)

Surname of spouse/de facto/partner/Ex-spouse/Ex-de-facto

Given name(s) of spouse/de facto/partner//Ex-spouse/Ex-de-facto

Other name(s) or alias of spouse/de facto/partner//Ex-spouse/Ex-de-facto

Maiden name of spouse/de facto/partner//Ex-spouse/Ex-de-facto

Date of birth of spouse/de facto/partner

Current residential address of spouse/de facto/partner

Postcode

9. Parents: Including a step-parent or any person who was a foster parent or guardian when you were under 18 years of age. (Additional information to be provided by attachment.)

Father's surname

Father's given name(s)

Other name(s) or alias

Date of birth

Current occupation of father

Current residential address of father

Postcode

Mother's surname

Mother's given name(s)

Other name(s) or alias and maiden name

Date of birth

Gender (circle)

Male / Female/Other

Current residential address of mother

Postcode

10. Do you have any siblings (including step-siblings and foster siblings) who are 18 years of age or older? (Additional information to be provided by attachment.)

Relationship to you

Surname

Given name(s)

Other name(s) or alias

Date of birth

Gender (circle)

Male / Female/Other

Current residential address

Postcode

11. Do you have any children (including step, adopted and any other person for whom you were/are a foster parent or guardian) who are 18 years of age or older. (Additional information to be provided by attachment.)

Surname

Given name(s)

Other name(s) or alias

Date of birth

Gender (circle)

Current residential address

Postcode

### Brothel details

12. Have you secured new employment at a brothel/s?

No  Go to the next question

Yes  Please specify details below

What is the name of the brothel/s where you intend to work as a manager?

➤ Please provide a letter from licensee, prospective employer, re: intent to employ

Provide further information by attachment

### Referees – For New Applicants only

13. Please supply details of two referees (**not members of your family**) who can supply references with respect to your reputation, having regard to character, honesty and integrity, and/or business reputation.

**The referees must be agreeable to be contacted by the Prostitution Licensing Authority and the Queensland Police Service.**(i) Referee's name

Address

Postcode

Occupation

Daytime telephone and mobile number

Date of birth

Gender (circle)

Relationship to you

(ii) Referee's name

Address

Postcode

Occupation

Daytime telephone and mobile number

Date of birth

Gender (circle)

Relationship to you

# AUTHORITY FOR RELEASE OF INFORMATION

I, .....

Full name of the applicant

of .....

Address of applicant

grant an Authority on the following terms:

1. I acknowledge that, for the purpose of determining my suitability to hold an approved manager's certificate, I authorise the Office of the Prostitution Licensing Authority and/or Queensland Police Service, to conduct any inquiries considered appropriate by the Office of the Prostitution Licensing Authority and/or Queensland Police Service under the *Prostitution Act 1999* (the Act).
2. I authorise the Office of the Prostitution Licensing Authority and/or Commissioner and any person conducting any investigations or inquiries on behalf of the Office of the Prostitution Licensing Authority and/or Commissioner for the purposes of the Act to obtain any information and make any investigations or inquiries which relate to me and may be relevant to any of the purposes of the Act, in any jurisdiction.
3. I authorise the manager or other authorised officer of any branch or office of a bank or financial institution in any jurisdiction to whom a copy of this Authority is presented to inspect and obtain copies of, or to release to any official, any record, document or other information of any kind, in written, electronic or any other form, which relates to me and is held by the bank or financial institution.
4. I authorise any officer of any police service, law enforcement agency or regulatory body in any jurisdiction to whom a copy of this Authority is presented to release to any official any information or official record of any kind, in written, electronic or any other form, which relates to me and is held by the police service, agency or body, including any information relating to my personal and criminal history.
5. I will at all times sufficiently indemnify those persons referred to in 3 and 4 above and keep those persons referred to in 3 and 4 above indemnified against all liability in respect of the supply or publication of the information and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken against those persons referred to in 3 and 4 above or incurred or become payable by the persons in respect thereof.
6. To make arrangements for the Office of the Prostitution Licensing Authority to obtain information directly from a person who is or may be an associate.

.....  
Signature of applicant

..... / ..... / .....  
Date

**Applicant Surname** \_\_\_\_\_