

QUEENSLAND
Prostitution Act 1999
Section 50A)



Prostitution Licensing Authority

PAYMENT PLAN APPLICATION – APPROVED MANAGER

Date: _____

1. MANAGER'S DETAILS:

Surname: _____

Given Names: _____

Date of Birth: _____

2. FINANCIAL DETAILS:

Please provide a copy of your latest personal tax return and assessment notice.

What are your average FORTNIGHTLY income details:

Work (gross wages)	\$
Centrelink Income: (Estimated/Actual)	\$
Parent/Spouse	\$
Other: (Specify)	\$
TOTAL FORTNIGHTLY INCOME	\$

What is your average FORTNIGHTLY expenses details:

Rent/Board	\$
Telephone	\$
Electricity/Gas	\$
Food	\$
Insurance (specify)	\$
Car Registration/Insurance	\$
Petrol	\$
Transport costs	\$
Loan repayments	\$
Credit card repayments	\$

Clothes	\$
Entertainment	\$
Tax deductions	\$
Other (specify)	\$
TOTAL FORTNIGHTLY EXPENSES	\$

3. EXCEPTIONAL CIRCUMSTANCES:

Please provide details of any exceptional circumstances relevant to this application. If you have any supporting information or documents, please attach to this application. *Example of exceptional or unforeseen circumstances include natural disaster or fire.*

4. PAYMENT PLAN:

Please provide details on how you propose to make all payments for the annual return certificate fee. This must include at a minimum:

- date of each payment
- amount of each payment
- final date of payment
- source of funds for the payments
- cashflow projections (for the length of the payment plan) including income and expense details in question 2

Supporting documentation relevant to the above must be lodged with this application. *Example of supporting documentation includes bank statement, loan agreement, cashflow projections.*

Conditions - I understand the approval of my application by the Prostitution Licensing Authority will commit me to an agreed schedule. Failure to make payment will result in the termination of the agreed Payment Plan resulting in the full outstanding balance becoming immediately due and payable. If the outstanding balance is not immediately paid, I understand that my manager's certificate will be automatically cancelled.

I agree to the above conditions and will make payments on or before the due date of the Payment Plan.

Signature of approved manager: _____ Date: _____

STATUTORY DECLARATION

I

(Full name of applicant)

of

(Address of applicant)

in the State of Queensland, do solemnly and sincerely declare that the contents of the Payment Plan Application including attachments are true and correct in every particular.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867*.

Signature of person making this declaration

Signature of witness

Declared at (print suburb or town)

Printed name of witness

in the State of Queensland, on

Address of witness

this ____ day of _____ 20 ____

Qualification to witness this Statutory Declaration

In accordance with the *Oaths Act 1867* the following people may witness a Statutory Declaration in Queensland:

- a justice
- a commissioner for declaration or notary public under the law of the State, the Commonwealth or another state
- a lawyer
- a conveyancer or another person authorised to administer the Queensland oath, under the law of the State, the Commonwealth, or another state.