

QUEENSLAND  
Prostitution Act 1999  
Part 3 Section 44 (4)(d)(ii)



# Prostitution Licensing Authority

## ANNUAL RETURN CERTIFICATE

### Contains

1. Instructions for completion
2. Annual Return Certificate questions
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

### **The questions asked relate to the last year only.**

Type or print in BLOCK LETTERS and answer EVERY question.

Please use a BLACK or BLUE ballpoint pen when completing forms.

Corrections are to be struck out with a line and initialled. Correction fluid is not acceptable.

If a question does not apply state 'N/A' (not applicable) in the box.

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.

Each attached page should be signed and dated by the applicant.

This application is to be completed in the English language. Any documents not in English are required to have a certified English translation attached.

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.

Please enclose all relevant fees with the Annual Return Certificate. Any application form received without the correct fees will be returned to sender.

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 +6173858 9500.

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

## ANNUAL RETURN CERTIFICATE

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

**All questions relate only to the last  
12 months**

### Managers details

1. Your surname

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

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

2. Have your name your maiden name changed

No  Go to the next question

Yes  Please specify below:

3. Date of birth

Gender (circle)

Male / Female / Other

4. Mobile phone number

E-mail address (if applicable)

Current residential address (PO Box not acceptable)

Postcode

Daytime contact number

After hours number

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

Postcode

5. What are the names of the brothels you currently  
attached to? (Additional information to be  
provided by attachment.)

1	
2	
3	
4	

6. Do you currently have an interest in any licensed  
brothel in Australia, other than to which this  
application refers? (Interest in a brothel is  
explained in the definitions, excluding wages as a  
manager)?

No  Go to the next question

Yes  Please specify details by  
attachment

7. Do you either directly or indirectly receive  
income from the provision of prostitution at a  
licensed brothel, in Australia, other than to which  
this application refers (excluding wages as a  
manager)?

No  Go to the next question

Yes  Please specify details by  
attachment

8. 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

9. Has your marital status changed?

No  Go to the next question

Yes  Please specify in what manner

#### Marital status:

Single  Go to the next question

Divorced/widowed  Go to the next question

Married  Specify below

De facto/partner  Specify below

Date of marital status change (if applicable)

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

Place of marriage (if applicable)

Surname of spouse/de facto/partner

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

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

Maiden name of spouse/de facto (if applicable)

Date of birth

Gender (circle)

**10.** Have any of your siblings, step-siblings or half-siblings turned 18 years old in the last 12 months? (Additional information to be provided by attachment.)

Relationship to you

Surname

Given name(s)

Other name(s) or alias

Date of birth

Gender (circle)

**11.** Have any of your children turned 18 years old in the last 12 months? Children including step, adopted and any other person for whom you were/are a foster parent or guardian. (Additional information to be provided by attachment.)

Surname

Given name(s)

Other name(s) or alias

Date of birth

Gender (circle)

# 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