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| Business Licensing Authority |
| Tel: 1300 13 54 52 NRS 133 677 website: [consumer.vic.gov.au/sexwork](mailto:consumer.vic.gov.au/sexwork) email: bla@justice.vic.gov.au ABN 43 381 068 109 |

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| If completing this form by hand, please complete details in block letter, using a black or blue pen.  **Send your application to:**  Business Licensing Authority  GPO Box 322 MELBOURNE 3001 | Privacy - The Business Licensing Authority (BLA) is committed to responsible and fair handling of personal information consistent with the *Privacy and Data Protection Act 2014* and its obligations under the *Business Licensing Authority Act 1998*. In accordance with the *Sex Work Act 1994*, certain information must be provided on a public register. For privacy information, please refer to our privacy statement available at www.bla.vic.gov.au or telephone 1300 13 54 52.  Sex Work Service Provider Licence Application Form  *Sex Work Act 1994*  Any person who proposes to carry on business as a sex work service provider in Victoria needs to be licensed by the Business Licensing Authority (BLA) unless they are a small owner-operated business working as a sex worker independently or with one other person.  Any person who has a relevant financial interest in a sex work service provider’s business may also need a licence. For more information about lodging an application, you can contact our office on telephone: **1300 13 54 52** or visit **www.consumer.vic.gov.au/sexwork**.  **This application package includes:**  Section 1 – Things to know before starting your application  Section 2 – Public inspection of pending applications  Section 3 – Applicant details  Section 4 – Statement of finances  Section 5 – Proposed sex work service provider business operation  Section 6 – Individual and company associates  Section 7 – Photograph identification  Section 8 – Declaration and acknowledgement |

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| **Section 1 - Things to know before starting your application** |

The more information you can provide in this application the more efficiently the BLA can process your application.

**Part 1 : Can you apply for a licence?**

|  |
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| 1. **Are you currently personally insolvent or bankrupt? Are you a person who is:**    1. a bankrupt within the meaning of the [*Bankruptcy Act 1966*](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere); or    2. a person who has signed a deed of arrangement under Part X of the [*Bankruptcy Act 1966*](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere); or    3. a person whose creditors have accepted a composition under Part X of the [*Bankruptcy Act 1966*](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere); or    4. a person for whom a debt agreement has been made under Part IX of the [*Bankruptcy Act 1966*](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere); or    5. a person who has executed a personal insolvency agreement under Part X of the [*Bankruptcy Act 1966*](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere).   ❑ **No** – proceed to question 2 ❑ **Yes** – you are NOT eligible to apply for a licence   1. **Are you a represented person within the meaning of the *Guardianship and Administration Act 1986*? This means are you a person who has a guardian and/or administrator appointed by a court to make legal and/or financial decisions for you?**   ❑ **No** – proceed with the application ❑ **Yes** – you are NOT eligible to apply for a licence |

**Part 2 - Documents**

1. **Financial and business documents**

To complete this application you will need to provide:

* details of your assets and liabilities. You may be required to verify some or all of these.
* a business plan (including a description of the structure of the business). For information about operating a business in Victoria, you can contact Business Victoria on telephone: 13 22 15 or visit **business.vic.gov.au**
* a cash flow forecast for the first 12 months of the business. For information about operating a business in Victoria, you can contact Business Victoria on telephone: 13 22 15 or visit **business.vic.gov.au**
* a full copy of the contract to purchase the sex work service provider business.
* a full copy of the contract to purchase the sex work service provider premises.
* a copy of the lease (or agreement for lease) for the sex work service provider premises.
* if you are a trustee of a trust, a copy of the trust deed.
* an estimation of any start-up costs you will incur.

**Other Documents**

* If you are not an Australian citizen, you must attach a copy of your passport, residency status and visa permitting you to work in Australia.
* Attach two recent passport size colour photograph (not more than 3 months old) to the photograph identification page.

1. You and all your associates must complete a **Consent to national criminal history and other record checks form** and provide certified copies of the required identification documents. Apart from the criminal record, the consent will allow the BLA to check bankruptcy, insolvency and court records, company records and the like. The consent form is available from [**Fees and forms – sex work service providers – Consumer Affairs Victoria website**](https://www.consumer.vic.gov.au/licensing-and-registration/sex-work-service-providers/fees-and-forms) (consumer.vic.gov.au/licensing-and-registration/sex-work-service-providers/fees-and-forms)

**Part 3 – Application fee and licence fees**

1. **Amount payable at the time of application**

|  |  |
| --- | --- |
|  | **Application fee** |
| Brothel Only | $1,820.90 |
| Brothel and escort agency | $1,820.90 |
| Escort agency only | $910.40 |

Attach all documents required as part of your application.

The application fee must be paid at the time of application. **Note:** There is no GST payable on any of the above fees. If an application is withdrawn or the Business Licensing Authority refuses to grant a licence to an applicant, the application fee will **not** be refunded.

1. **Ongoing fees**

If licensed, you are not required to pay ongoing fees each year.

**Part 4 - Other relevant information for your application**

**Attaching your response**

If you need to attach your response, please provide the details in an additional sheet. Please reference your answer to the section and question number.

**Planning permission**

The relevant local council can begin to assess your eligibility for planning permission once your application has been lodged with the BLA

**Business premises**

Under the *Sex Work Act 1994* you must specify the address for the proposed business. **An application cannot be processed if you fail to nominate an address.**

**How does the BLA make its decision**

The BLA will assess your suitability to be licensed. The BLA checks your criminal and insolvency records and considers your character, financial resources, ability to operate the business as a going concern and your capacity to provide a working environment for employees that is safe and without risks to health.

The BLA will also assess whether your associates are of good repute or if they have committed any relevant criminal offences.

**Changes to your application**

If any change occurs in the information, you have provided in this application form, you must notify the BLA in writing within 10 days of becoming aware of the change.

**Providing false or misleading information**

Applicants and other persons completing this form should be aware that action may be taken if a person provides false or misleading material to the BLA in relation to an application for a licence.

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| **Section 2 – Public inspection of pending applications** |

Under section 34 of *Sex Work Act 1994* all information you provide in this section **must** be made available for public inspection until your application is finalised.

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| **USE BLOCK LETTERS** | | | | | | |
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| **1. Applicant** | | | | | | |
|  | | | | | | |
| Title (Mr/Ms/Mrs/etc): | |  | Surname | |  | Given names |
|  |  |  | |  |  |
|  | |  |  | | | |
| Date of Birth | |  | Occupation | | | |
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| **2. Business partners** | | | | | | |
|  | | | | | | |
| Do you intend to carry on with this business in partnership or association with any other person (s)? | | | | | | |
|  | | | | | | |
| ❑ **No** (Go to Question 3) | | | | ❑ **Yes** (Please provide the details below) | | |
|  | | | | If you need to list more business partners, please photocopy this page as needed and attach the extra pages to this application form. Please reference the section question and numbers. | | |
| Title (Mr/Ms/Mrs/etc): | |  | Surname | |  | Given names |

|  |  |  |  |  |
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|  |  |  |  |  |
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| Date of Birth | |  | Occupation | | |

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| **3. Type of business** | | | | | | |
|  | | | | | | |
| What type of business do you propose to operate? (tick one only) | | | | | | |
|  | | | | | | |
| ❑ brothel (Go to Question 4)  ❑ escort agency (Go to Question 5)  ❑ Both a brothel and escort agency | | | | | | |
| **4. Brothel** | | | | | | | |
| Under section 33(2)(b) of the *Sex Work Act 1994*, your application must specify the name(s) and address for the proposed brothel. Your application cannot be processed if you do not complete this question. | | | | | | | |
|  | | | | | | | |
| What is the address of the brothel? | | | | | | | |
|  | | | | | | | |
| Postcode : | | | | | | | |
|  | | | | | | | |
| What business name(s) will be used for the brothel? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **5. Escort agency** | | | | | | | |
|  | | | | | | | |
| What is the address of the escort agency office? | | | | | | | |
|  | | | | | | | |
| Postcode : | | | | | | | |
|  | | | | | | | |
| What business name(s) will be used for the escort agency? | | | | | | | |
| **a)** | | | | | | | |
| **b)** | | | | | | | |
| **c)** | | | | | | | |
| **d)** | | | | | | | |
|  | | | | | | | |
| **6. Who owns the premises from which the proposed business will trade?** | | | | | | | |
|  | | | | | | | |
| ❑ Other individuals (Go to Question 7)  ❑ A company (Go to Question 8)  ❑ You own the premises solely or with others (Go to Question 7) | | | | | | | |
|  | | | |  | | | |
| **7. Owners (individual)** | | | |  | | | |
|  | | |  |  | | | |
| **Owner 1** |  |  |  | **Owner 2** |  |  | |
|  |  |  |  |  |  |  | |
| Title (Mr/Ms/Mrs/Dr) |  | Surname |  | Title (Mr/Ms/Mrs/Dr) |  | Surname | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
| Given names | | |  | Other names | | | |
|  | | |  |  | | | |
|  | | |  |  | | | |
| Date of Birth |  | Occupation |  | Date of Birth |  | Occupation | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Residential Address (P.O Boxes not accepted) | | | | | | | |  | Residential Address (P.O Boxes not accepted) | | |
|  | | | | | | | |  |  | | |
| Postcode : | | | | | | | |  | Postcode : | | |
|  | | | | | | | |  |  | | |
| **8. Owners (company)** | | | | | | | | | | | |
| 1. Provide details of the company that owns the premises and details of all Directors and Company Secretaries. If more than one company owns the premises, photocopy this page as needed and attach to the back of this application form. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name of company that owns the premises | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| ACN | | | | | |  | Date of incorporation | | | | |
|  | | | | | |  |  | | | | |
|  | | | | | | | | | | | |
| Registered address of your company | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | |
| **Director / Secretary** | | | | | | | | | | | |
| 1. Provide details of all Directors and Company Secretaries (if you need to list more than two Directors/Company Secretaries photocopy this page as needed and attach to the back of this application form.) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Title (Mr/Ms/Mrs/etc): | | |  | | Surname | | | | |  | Given names |
|  | |  | |  | | | | |  |  |
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| Date of Birth | | |  | | Occupation | | | | | | |
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| Residential address (PO Boxes not accepted) | | | | | | | | | | | |
| Postcode : | | | | | | | | | | | |
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| Position held | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ❑ Director ❑ Secretary | | | | | | | |
|  | | | | | | | |
| **Director / Secretary** | | | | | | | |
|  | | | | | | | |
| Title (Mr/Ms/Mrs/etc): | | |  | | Surname |  | Given names |
|  | |  | |  |  |  |
|  | | |  | |  | | |
| Date of Birth | | |  | | Occupation | | |
| / / | |  | |  | | | |
|  | | | | | | | |
| Residential address (PO Boxes not accepted) | | | | | | | |
| Postcode : | | | | | | | |
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| Position held: ❑ Director ❑ Secretary | | | | | | | |

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| **Section 3 – Applicant details** |

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| 1. **What type of sex work service provider business do you propose to operate?** | | | | | | | | | | |
|  | | | | | | | | | | |
| ❑ brothel  ❑ escort agency  ❑ brothel and escort agency | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Applicant** | | | | | | | | | | |
|  | | | | | | | | | | |
| Title (Mr/Ms/Mrs/etc): | |  | Surname | | | |  | Given names | | |
|  |  |  | | | |  |  | | |
|  | |  |  | | | | | | | |
| Date of Birth | |  | Place of birth (city / town, state / territory, country) | | | | | | | |
| / / |  |  | | | | | | | |
|  | | | | | | | | | | |
| Residential address (PO Boxes not accepted) | | | | | | | | | | |
| Postcode : | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Have you ever been known by any other name? This includes former, maiden name, married name or any name you have previously used, whether your name has been changed or not.** | | | | | | | | | | |
|  | | | | | | | | | | |
| ❑ No (Go to next question) ❑ Yes (Please specify below) | | | | | | | | | | |
|  | | | | | | | | | | |
| Previous names | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **What are your contact details?** | | | | | | | | | | |
|  | | | | | | | | | | |
| Residential address (PO Boxes accepted) | | | | | | | | | | |
| Postcode : | | | | | | | | | |
|  | | | | | | | | | | |
| Home telephone number | | | | |  | Mobile | | |  | Work telephone |
| ( ) | | | | |  |  | | |  | ( ) |
|  | | | | | | | | | | |
| Fax | | | | |  | Email address | | | | |
| ( ) | | | | |  |  | | | | |
|  | | | | | | | | | | |
| 1. **Would you like to receive communication regarding your application via email?** | | | | | | | | | | |
|  | | | | | | | | | | |
| ❑ No ❑ Yes | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Current occupation** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Are you an Australian Citizen?** | | | | | | | | | | |
|  | | | | | | | | | | |
| ❑ Yes | | | | ❑ No **-** If you are not an Australian citizen, you must attach a copy of your passport, residency status and visa permitting you to work in Australia. | | | | | | |

|  |  |
| --- | --- |
| 1. **Have you ever been personally insolvent or bankrupt?** | |
|  | |
| Are you a person who is or has been:   * 1. a bankrupt within the meaning of the [*Bankruptcy Act* 1966](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere); or   2. a person who has signed a deed of arrangement under Part X of the [*Bankruptcy Act*1966](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere); or   3. a person whose creditors have accepted a composition under Part X of the [*Bankruptcy Act*1966](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere); or   4. a person for whom a debt agreement has been made under Part IX of the [*Bankruptcy Act*1966](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere); or   5. a person who has executed a personal insolvency agreement under Part X of the [*Bankruptcy Act*1966](http://www.austlii.edu.au/au/legis/cth/consol_act/ba1966142/) (or a corresponding law elsewhere). | |
| ❑ No (Go to next question) | ❑ Yes*-* You are automatically ineligible to be licensed if you are currently insolvent or bankrupt. |
|  | |
| 1. **Are you or have you ever carried on a brothel or escort agency business or equivalent in Victoria or any State or Territory in Australia or elsewhere?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide details including the business(es) address(es) and the dates you carried on the business(es). Attach your response. |
|  | |
| 1. **Have you ever had any disciplinary action taken against you as brothel or escort agency operator in Victoria any State or Territory in Australia or elsewhere?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide details of any disciplinary action including the reason for the action, date of the action and result. Attach your response. |
|  | |
| 1. **Are you, or have you ever worked as a brothel manager, brothel receptionist or equivalent in Victoria or any other State or Territory in Australia?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide details of the brothel address(es) and the period you worked. Attach your response. |
|  | |
| 1. **Have you ever had any disciplinary action taken against you as a brothel manager, brothel receptionist or equivalent in Victoria or any other State or Territory in Australia?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide details of any disciplinary action including the reason for the action, date of the action and result. Attach your response. |
|  | |
| 1. **Are you, or have you ever operated as a small owner-operator or equivalent in Victoria or any other State or Territory in Australia? *(refer to bla.vic.gov.au or to 23 of the SWA Act 1994 for information)*?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide the details. Attach your response. |
|  | |
| 1. **Do you, or have you had a financial interest in an adult entertainment premises e.g. strip club?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide the name of the business, the address and the period during which you had that interest. Attach your response. |
|  | |
| 1. **Do you intend to carry on business in partnership or association with any other person(s)?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide details of all business partners below and include a copy of the partnership arrangement or agreement. |
| **Note:** If you need to list more than two business partners, attach a copy to your response*.* | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Business Partner 1** | | |  | **Business Partner 2** | | |
|  |  |  |  |  |  |  |
| Title (Mr/Ms/Mrs/Dr) |  | Surname |  | Title (Mr/Ms/Mrs/Dr) |  | Surname |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Given names | | |  | Other names | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Date of Birth |  | Occupation |  | Date of Birth |  | Occupation |
|  |  |  |  |  |  |  |
|  | | |  |  | | |
| Residential Address (P.O Boxes not accepted) | | |  | Residential Address (P.O Boxes not accepted) | | |
|  | | |  |  | | |
| Postcode : | | |  | Postcode : | | |

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| **16. Have you ever in any State or Territory in Australia or elsewhere:** | | | | |
|  | | | | |
| * 1. pleaded guilty to an offence? | | | | ❑ No ❑ Yes |
|  | | | |  |
| * 1. been convicted of an offence? | | | | ❑ No ❑ Yes |
|  | | | |  |
| * 1. been found guilty of an offence (even if no conviction was recorded)? | | | | ❑ No ❑ Yes |
|  | | | |  |
| **Note:** If you **answered Yes to any part of question 16,** provide full details of each offence including a brief description of the offence/s, date of offence/s and outcome. Attach your response. This may include spent convictions, for more information visit the [Spent convictions webpage](https://www.consumer.vic.gov.au/resources-and-tools/business-resources/license-or-register-a-business/spent-convictions) (consumer.vic.gov.au/resources-and-tools/business-resources/license-or-register-a-business/spent-convictions). | | | | |
|  | | | |  |
| **17. In relation to any legislation in any State or Territory of Australia governing the licensing of an occupational group, have you or a company of which you are or were a director, ever:** | | | | |
|  | | | |  |
| 1. pleaded guilty to an offence against such legislation? | | | | ❑ No ❑ Yes |
|  | | | |  |
| 1. been convicted of an offence against such legislation? | | | | ❑ No ❑ Yes |
|  | | | |  |
| 1. been found guilty of an offence against such legislation by you or the company(even if no conviction was recorded)? | | | | ❑ No ❑ Yes |
|  | | | |  |
| **Note:** If you **answered Yes to any part of question 17**, provide full details of each offence including a brief description of the offence/s, date of offence/s and outcome. Attach your response. This may include spent convictions, for more information visit the [Spent convictions webpage](https://www.consumer.vic.gov.au/resources-and-tools/business-resources/license-or-register-a-business/spent-convictions) (consumer.vic.gov.au/resources-and-tools/business-resources/license-or-register-a-business/spent-convictions). | | | | |
|  | | | | |
| **18. Do you currently operate a business(es) of any type?** | | | | |
|  | | | | |
| ❑ No (Go to next question) | | | ❑ Yes **-** Provide the following information in relation to each business. Attach your response. | |
|  | | | | |
| Business Name |  |  | | |
|  |  |  | | |
| Business Address |  |  | | |
|  | | | | |
| **Note:** Provide a copy of the most recent business trading statement. Attach your response. | | | | |

|  |  |
| --- | --- |
| **19. Have you or a company of which you are or were a director, ever been refused any type of occupational licence in any State or Territory or elsewhere?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide full details. Attach your response. |
|  | |
| **20. Have you or a company of which you are or were a director, ever had any type of occupational licence cancelled or suspended in any State or Territory or elsewhere?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide full details. Attach your response. |
|  | |
| **21. Has any company of which you are or were a director ever gone into liquidation or become the subject of external administration under the Corporations Law?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide full details. Attach your response. |
|  | |
| **22. Are there any outstanding claims or litigation which could affect the financial viability of any company of which you are currently a director or secretary, in question 7 of section 6?** | |
|  | |
| ❑ No (Go to the next section) | ❑ Yes **-** Provide full details. Attach your response. |
|  | |

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| **Section 4 – Statement of finances** |

The *Sex Work Act 1994* provides that the BLA must determine if an applicant has or is likely to have sufficient financial resources and business ability to carry on a business as a sex work service provider.

The information you provide in this section will assist the BLA in making such an assessment. **All assets and liabilities must be verified by written documentation** (e.g. rates notice, recent bank statements, loan statements etc). You may also be required to provide further documentation to verify your financial position.

You must ensure that when listing assets, you give clear descriptions and declare the method by which you value those assets**. When declaring the value of any assets you jointly own, you must only declare the value of your share of the joint assets.**

If you need more space to list your assets and liabilities, you should photocopy the relevant page(s) and attach them.

|  |  |
| --- | --- |
| 1. **Is there any outstanding litigation or liabilities which could affect your financial viability?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide full details. Attach your response. |
|  | |
| 1. **Do you currently receive any benefits, income, payment or similar from the State or Federal Government e.g. Centrelink or Pension?** | |
|  | |
| ❑ No (Go to next question) | ❑ Yes **-** Provide full details. Attach your response. |
|  | |
| 1. **Is your salary, wage earnings or other income subject to a garnishee order, attachment or similar?** | |
|  | |
| ❑ No (Go to the next question) | ❑ Yes **-** Provide full details. Attach your response. |
|  | |
| 1. **Are you a beneficiary of a trust?** | |
|  | |
| ❑ No (Go to the Statement of Your Assets and Liabilities) | ❑ Yes **-** Provide a copy of the trust deed or agreement. |
| **Statement of your assets and liabilities** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL ASSETS** | | | **LIABILITIES** | | | | | |
| **Real Estate** | | **Value** | **Mortgage to** | | | Monthly payments | Total Owing | |
| Residential Address: | | $ | Name of lender: | | | $ | $ | |
| your share |
| Name(s) on title: | |  | Amount available, if any, under Redraw | | | $ |  | |
| **Other Property (Address):** | | $ | **Name of lender:** | | | $ | $ | |
| your share |
| Name(s) on title: | |  | Amount available, if any, under Redraw | | | $ |  | |
| **Motor Vehicle / Motor Bike / Boat** (include model, make, year) | | **Value** | **Loan(s) / Finance** (Name of Lender/ Financier) | | | **Monthly payments** | **Balance Owing** | |
|  | | $ |  | | | $ | $ | |
|  | | $ |  | | | $ | $ | |
|  | | $ |  | | | $ | $ | |
| **Savings / Investments** | | | | **Credit cards** - Name of Provider | **Monthly Repayments** | | | **Balance Owing** |
| Name of financial institution:  Account name:  Account number: | $ | | |  | $ | | | $ |
| Name of financial institution:  Account name:  Account number: | $ | | |  | $ | | | $ |
| Name of financial institution:  Account name:  Account number: | $ | | |  | $ | | | $ |
| **Other** (inc: shareholdings) | | | **Personal Loans** | | | **Monthly Repayments** | | **Balance Owing** |
|  | | $ | Name of financial institution: | | | $ | | $ |
|  | | $ | Name of financial institution: | | | $ | | $ |
|  | |  | Other lender: | | | $ | | $ |
|  | |  | **Personal overdraft/Line of credit**  Name of financial institution | | | $ | | $ |
|  | |  | **Any Other Liabilities (eg guarantee)** | | | **Repayments** | | **Balance Owing** |
|  | |  |  | | | $ | | $ |
|  | |  |  | | | $ | | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOTAL ASSETS** | **$** | **TOTAL LIABILITIES** | **$** | **$** |
| **Personal income and expense details** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL INCOME** | | **PERSONAL EXPENSE** | |
|  | Monthly Amount |  | Monthly Payments |
| **Government benefit** |  | Gas / Electricity / Water | $ |
| Type of benefit | $ | Council Rates | $ |
| Family Allowance | $ | Rent | $ |
| Subtotal |  | Motor Vehicle Insurance, Registration & Running Costs | $ |
| **Salary/Wages** |  | Childcare / Maintenance | $ |
| Name of Employer | $ | Food and Groceries, Clothing, Dining Out | $ |
| Name of Employer | $ | Internet Access, telephone landline and Mobile Phone | $ |
| Subtotal |  | School Fees | $ |
| **Other income / earnings** |  | Home Insurance | $ |
| Source of income: | $ | Life Insurance | $ |
| Source of income: | $ | Medical Insurance | $ |
|  | | Entertainment / Holidays | $ |
| Pay TV | $ |
| Court Judgment/Fees | $ |
| Other(provide details) | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOTAL INCOME** | **$** | **TOTAL EXPENSE** | **$** | **$** |

|  |  |
| --- | --- |
|  |  |
| 1. **Provide a description of how you intend to finance the proposed sex work service provider business.** *Attach separate sheet if necessary* | |
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| 1. **If you have received money or transferred money to Australia in the last two years or you are intending to receive or transfer money from overseas to Australia in the next 12 months, you need to provide the following information and documentation:** *(Attach separate sheet if necessary***)** 2. The reasons for transferring the money to Australia; 3. Clarification of the original source of the money and the reason for receiving it; 4. The full name, address and a written explanation of the nature of your relationship with the individual(s) or company from whom you received the money; and 5. Documentation evidencing the transfer of funds. | |
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| **Section 5 - Proposed sex work service provider business operations** |

To obtain a licence to operate a sex work service provider business in Victoria, prospective licensees must demonstrate that they are equipped to operate a business, will be accountable for its conduct and will ensure all legal requirements and standards are met.

The *Sex Work Act* *1994* states that in order to be in effective control, a brothel licensee must be *‘regularly and usually in charge at the brothel’*. This means that you must oversee the running of the brothel. You do not have to personally supervise every aspect of it, but you are accountable for its day-to-day management and conduct. This includes operational, financial and legal decisions.

The licensee of a brothel business or the approved brothel manager must personally supervise the brothel at all times whilst it is trading. A person who is not a licensee cannot manage a brothel unless they have been approved by the BLA. It is the responsibility of the licensee to be satisfied that the manager is capable of managing the business in the licensee’s absence. You are also responsible if your approved manager breaches the Act or Sex Work Regulations 2016.

Consumer Affairs Victoria has developed guidelines to help licensees understand and meet the requirements of the effective control test in sections 42 and 42A of the Act and clarify the law for other industry participants (including brothel managers and sex workers), health and welfare agencies and law enforcement bodies. To obtain a copy of the guidelines visit **consumer.vic.gov.au/sexwork** or you can contact the Business Licensing Authority on: 1300 13 54 52.

|  |
| --- |
| 1. **If you are applying to operate a brothel, how will you ensure it operates in accordance with the effective control provisions of the Act?** Provide your response. Attach separate sheet if necessary. |
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| --- | --- | --- | --- | --- |
| 1. **If you are applying to operate a brothel in partnership with another person, at least one person must be nominated in effective control of the brothel.** Provide the details of the person(s) who will be nominated as the licensee(s) in effective control of the brothel business. | | | | |
|  | | | | |
| Name |  |  | Licence No |  |
|  |  |  |  |  |
| Name |  |  | Licence No |  |
|  |  |  |  |  |
| Name |  |  | Licence No |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Have you entered into a contract to purchase a sex work service provider business?** | | |
|  | | |
| ❑ No (Go to next question) | | ❑ Yes **-** Provide a copy of the complete contract or agreement. |
|  | | |
| 1. **Have you entered into a contract to purchase the premises from which the sex work service provider business will operate?** | | |
|  | | |
| ❑ No (Go to next question) | | ❑ Yes **-** Provide a copy of the complete contract or agreement. |
|  | | |
| 1. **Have you entered into a contract to lease premises to operate your sex work service provider business?** | | |
|  | | |
| ❑ No (Go to the next question) | | ❑ Yes **-** Provide a copy of the proposed lease. |
|  | | |
| 1. **Please provide your business plan.**   To help the BLA assess the viability of the proposed business, and whether you are suitable to carry on business as a sex work service provider you should provide a Business Plan.  Your business plan should:   * Outline your goals and objectives * Confirm your financial viability * Identify the address of the principal place of business * Summarise the main points of your business your approach to or assessment of your competitors * Outline your market research * List and describe the background of the main persons involved in the business, including the names and approval numbers of brothel managers you intend to employ * List the range of services to be provided, how the service providers will be recruited and measures to ensure their personal safety and security, the rates of pay for administrative and support staff and how they will be paid * Indicate the total funds required to set up the business and cover its operating costs until it becomes ‘cash flow positive’. * Address any other details relevant to how you will carry on business.   Your business plan should also provide evidence confirming:   * The extent of initial equity available to start up the business * The extent of your capacity to service debt | | |
|  | | |
| 1. **Please provide projected cash flow forecast for the first 12 months of the operation of the business.**   The cash flow forecast should include the following:   * projected income * fixed assets * current liabilities * net assets * net profit (loss). | | |
|  | | |
| 1. **What is the address of the brothel or proposed brothel?** | | |
|  | | |
| Postcode : | | |
| 1. **How many rooms will be/are used for sex work?** | | |
|  | | |
|  | | |
| 1. **What business names are proposed for the brothel?** | | |
|  | | |
|  | | |
|  | | |
|  | | |
| 1. **What telephone numbers are proposed for the brothel?** | | |
|  | | |
|  | | |
|  | | |
|  | | |
| 1. **What are the details of your proposed approved brothel manager/s to work at the brothel?** Attach your response. This will also be required in your business plan. | | |
|  | | | |
| Name |  | | |
|  |  | | |
| Approval number |  | | |
|  | | | |
| Name |  | | |
|  |  | | |
| Approval number |  | | |

|  |
| --- |
| 1. **What is the address of the escort agency office?** |
|  |
| Postcode : |
|  |
| 1. **What business names are proposed for the escort agency?** |
|  |
|  |
|  |
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| 1. **What telephone numbers are proposed for the escort agency?** |
|  |
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| 1. **What arrangement will you have in place to ensure the safety of escort agency sex workers is maintained whilst visiting clients?** Provide your response. Attach separate sheet if necessary. |
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| **Section 6 - Individual and ompany associates** |

This section will assist you to determine who your associates are for the purpose of becoming a sex work service provider. The BLA conducts checks on all associates. If you have any associates, they (or if they are a company, the other directors and the secretary) are required to complete a Consent to national criminal history and other record checks form and provide certified copies of the required identification documents.

Please find enclosed an associate consent form. If you require additional associate consent forms, you can photocopy the enclosed copies or download them from **consumer.vic.gov.au/sexwork**.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **As a guide only, if you answer yes to any of the following statements, then the individual(s) and or company(s) are your associates.** | | | |
|  | | |  |
| Do you have a spouse or domestic partner, parent, son, daughter, brother or sister who is involved, who has ever been involved or propose to be involved, in a sex work service providing business run by you?  *If yes, please go to 2.* | | | ❑ No ❑ Yes |
|  | | |  |
| If you have a spouse or domestic partner, is any parent, son, daughter, brother or sister of your spouse or domestic partner involved, have they ever been involved or do they propose to be involved in any sex work service providing business run by you? *If yes, please go to 4.* | | | ❑ No ❑ Yes |
|  | | |  |
| Do you have any business partners in relation to **any** type of business? If yes, please go to 5. | | | ❑ No ❑ Yes |
|  | | |  |
| Do you have a business arrangement or relationship or a lease with any individual or company in respect of a sex work service providing business?  *If yes, please go to 6.* | | | ❑ No ❑ Yes |
|  | | |  |
| Are you a director or secretary of a company?  *If yes, please go to 7.* | | | ❑ No ❑ Yes |
|  | | |  |
| Do you hold any relevant financial interest[[1]](#footnote-1) in a company? If so, please provide details.  *If yes, please go to 8.* | | | ❑ No ❑ Yes |
|  | | | | |
| 1. **Do you have a spouse or domestic partner, parent, son, daughter, brother or sister who is involved, who has ever been involved or proposes to be involved, in a sex work service providing business run by you?** | | | | |
|  | | | | |
| ❑ No (Go to next question) | | ❑ Yes **-** These persons are your associates. Please provide their details**.** | | |
|  |  | | | |
| Title |  | | | |
|  |  | | | |
| Family Name |  | | | |
|  |  | | | |
| Given Name |  | | | |
|  |  | | | |
| **Indicate type of associate**  ❑ Parent ❑ Son ❑ Daughter ❑ Brother ❑ Sister  ❑ Spouse ❑ Domestic Partner | | | | |
| **Note:** Each associate needs to complete a Consent to national criminal history and other record checks form and provide certified copies of the required identification documents. | | | | |

|  |  |  |
| --- | --- | --- |
| 1. **Do you have a spouse or domestic partner?** | | |
|  | | |
| ❑ No (Go to question 5 ) | | ❑ Yes(Go to next question) |
|  | | |
| 1. **Is your spouse or domestic partner’s parent, son, daughter, brother or sister involved, or have they ever been involved or do they propose to be involved in any sex work service providing business run by you?** | | |
|  | | |
| ❑ No (Go to next question) | | ❑ Yes **-** These persons are your associates. Please provide their details**.** |
|  |  | |
| Title |  | |
|  |  | |
| Family Name |  | |
|  |  | |
| Given Name |  | |
|  |  | |
| **Indicate type of associate**  ❑ Parent ❑ Son ❑ Daughter ❑ Brother ❑ Sister  ❑ Spouse ❑ Domestic Partner | | |
| **Note:** Each associate needs to complete a Consent to national criminal history and other records checks form and provide certified copies of the required identification documents. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Do you have any business partners in relation to any type of business?** | | | | | |
|  | | | | | |
| ❑ No (Go to next question) | | ❑ Yes **-** These persons are your associates. Please provide the details. Attach your response. | | | |
|  | | | | | |
| **Note:** Your associate needs to complete a Consent to national criminal history and other record checks form and provide certified copies of the required identification documents. | | | | | |
|  | | | | | |
| 1. **Who owns the premises from which the proposed business will trade?** | | | | | |
|  | | | | | |
| ❑ Other Individual/s  ❑ A company  ❑ You own the premises solely or with others (Go to Question 7) | | | | | |
|  | | | | | |
| **Note:** The owner/s, or if the owner is a company, each director needs to complete a Consent to national criminal history and other records checks form and provide certified copies of the required identification documents. | | | | | |
|  | | | | | |
| 1. **Are you currently a director or secretary of a company?**Note: If you need extra space, attach a separate sheet. | | | | | |
|  | | | | | |
| ❑ No (Go to next question) | | ❑ Yes **-** Provide the name and ACN of each company. | | | |
|  | | | | | |
| Name |  | |  | ACN |  |
|  |  | |  |  |  |
| Name |  | |  | ACN |  |
|  |  | |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Do you hold any relevant financial interest**[[2]](#footnote-2) **in any company** | | | | | | |
|  | | | | | | |
| ❑ No (Go to next question) | | ❑ Yes **-** Please provide the details. | | | | |
|  | | | | | | |
| Name of Company |  | |  | ACN | |  |
|  | | | | | | |
| Nature of financial interest |  | | | | | |
|  | | | | | | |
| **Note:** Each director of the company(s) needs to complete a Consent to national criminal history and other record checks form and provide certified copies of the required identification documents. | | | | | | |
|  | | | | | | |
| 1. **Is any company disclosed in question 7 a corporate trustee of a trust?** | | | | | | |
|  | | | | | | |
| ❑ No (Go to next question) | | ❑ Yes **-** Please supply copy of the trust deed. | | | | |
|  | | | | | | |
| 1. **Have you or any company disclosed in question 7 been associated with, or provided any financial assistance or other support to any person or company involved with the operation, ownership, administration or management of:** | | | | | | |
|  | | | | | | |
| A brothel | | | | | ❑ No ❑ Yes | |
|  | | | | |  | |
| An Escort Agency | | | | | ❑ No ❑ Yes | |
|  | | | | |  | |
| A brothel and Escort Agency | | | | | ❑ No ❑ Yes | |
|  | | | | |  | |
| A venue that provides in Adult Entertainment e.g. (strip club) | | | | | ❑ No ❑ Yes | |

**Note:** If you answered **No** to all of the above proceed to the next section. If you answered **Yes** to any of the above please provide full details in a separate sheet.

|  |
| --- |
| **Section 7 – Photograph identification** |

You must provide **two** recent colour photographs of yourself with your application form, which are not more than three months old. Print your name on the back of each photo:

* The photographs must be attached to the front page of this Application form. Please attach by **paperclip**, do not staple, glue or sticky tape.
* The photographs must be clear, and of the appropriate size (that is, be between 35mm and 40mm in width and between 45mm and 50mm in height)
* They must show you looking directly at the camera
* They must be of your head and top of your shoulders
* They must show your shoulders square on (not portrait style with you looking over one shoulder)
* They must show your face square on (both edges of the face should be visible)
* They must be close up, so that the head takes up between 32mm and 36mm of the photo
* They must show your eyes open and clearly visible, and no hair in your eyes
* They must show your eyes clearly through glasses – if you wear them – with no flash reflection off the glasses, and no tinted lenses
* They must show you without any hat or other head covering (if you wear a head covering for religious reasons, the BLA will accept a photograph of you wearing it, but your facial features from bottom of chin to top of forehead and both edges of your face must be clearly shown)
* They must be printed on photo paper (pharmacies and Australia Post can supply passport photos which will meet the BLA’s requirements)

|  |  |
| --- | --- |
| I, |  |

Full name of the applicant

Hereby declare below:

* 1. I am the person identified in this document, and
  2. I am the person in the photographs provided (which is less than three months old).

**Note: Photographs are to be attached by paperclip to the top of the page only.**

**Do not use glue, staples or sticky tape to attach the photographs.**

|  |  |
| --- | --- |
| Date of photographs taken |  |
|  |  |
| Name of applicant |  |

**Note:** the signature of the applicant **must** be completed in the box provided on page 22.

**Office Use only:**

Licensee Name ……………………………

Licence Number …………………………..

Date of Expiry ………………………………...

Postal Address ………………………………………………………………………

………………………....................................................................

This personal information will be provided to ABNote Australasia Pty Ltd to allow it to create and supply the card directly to you.

**-----------------------------------------------------------------------------------------------------------------------------------**

**(**DO NOT tear off or cut with scissors – dotted line is **for office use only)**

**Signature of applicant (sign below in yellow area using black ink)**

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| **Section 8 – Declaration and acknowledgement** |

|  |  |
| --- | --- |
| ❑ | I declare that the information I have provided in this application and any attachments are true and correct and I acknowledge that it is a serious offence to supply the Business Licensing Authority with false or misleading information or \*omit information (\*unless the information omitted is in respect of a spent conviction where disclosure is protected). |
|  |  |
|  |  |
| ❑ | I acknowledge that the Business Licensing Authority may conduct checks of publicly available information held by the Australian Securities and Investments Commission and the Insolvency Trustee Service of Australia or other relevant agencies relating to the Information contained in this application concerning me |

|  |  |
| --- | --- |
| Signature |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date: |  |

**Required attachments**

**You need to attach other documents as part of the application.**

**For yourself:**

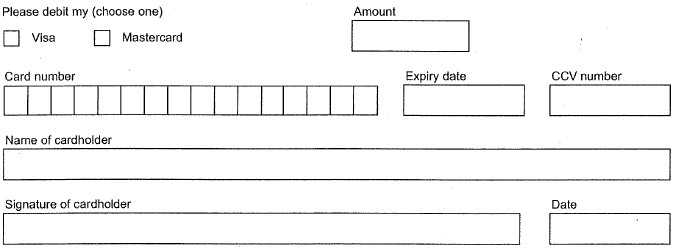
* A completed [Consent to national criminal history and other record checks (Word, 517KB)](https://www.consumer.vic.gov.au/library/forms/businesses/consent-to-national-criminal-history-and-other-record-checks.doc)..
* Certified copies of the required identification documents. Details are on the Consent to national criminal history and other record checks form
* In particular a certified copy of your passport (including Visa details) if you are not an Australian Citizen
* TWO recent passport size colour photograph (not more than 3 months old)

**For each individual associate and each director and secretary of any company associate:**

* A completed [Consent to national criminal history and other record checks (Word, 517KB)](https://www.consumer.vic.gov.au/library/forms/businesses/consent-to-national-criminal-history-and-other-record-checks.doc).
* Certified copies of the required identification documents. Details are on the Consent to national criminal history and other record checks form

## **How to lodge and pay**

If paying by credit card fill in the details below or attach a cheque or money order made payable to ‘Business Licensing Authority’ to the application form.



When you have completed the form and attached all the necessary documents, lodge your application by:

|  |  |
| --- | --- |
| **sending it by post to:**  Business Licensing Authority  GPO Box 322  MELBOURNE VIC 3001 |  |

1. Relevant financial interest, in relation to a business, means:

   any share in the capital of the business; or

   any entitlement to receive any income derived from the business; or

   any entitlement to receive any payment as a result of money advanced to the business

   … [↑](#footnote-ref-1)
2. Relevant financial interest, in relation to a business, means:

   any share in the capital of the business; or

   any entitlement to receive any income derived from the business; or

   any entitlement to receive any payment as a result of money advanced to the business

   … [↑](#footnote-ref-2)