# Application for approval of manager of licensed brothel

***Sex Work Act 1994***

**Warning:**

* Enter text in spaces provided only. The Business Licensing Authority (BLA) will not accept your form, nor consider it lodged, if you remove or change any questions or other text.
* If completing this form by hand, please complete details in block letters, using a black or blue pen.
* Do not submit this form by email. We cannot accept forms with credit card numbers that are emailed to us.

## Before starting your application

This form should only be completed by individuals applying for approval to act as a manager of a brothel in Victoria, or applying to renew such an approval that they currently hold.

### Eligibility

You are automatically ineligible to be approved or act as a brothel manager if:

* you are under 18 years of age; or
* you are insolvent under administration (bankrupt); or
* within the last 5 years you have had a sex work service provider's licence or equivalent cancelled in Victoria; or
* you are a represented person under the *Guardianship and Administration Act 1986* (where a guardian or administrator has been appointed).

You may also be ineligible if within the last 5 years, either as an individual or as a director or secretary of a company, or as an associate of a person or company, you have been convicted or found guilty of a disqualifying offence. 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). For certain types of offences you can still apply for, and may be granted, approval. Based on the result of background checks, you may need to provide further information. If this is the case, the BLA will write to you.

### Record checks

The BLA will conduct checks with the Australian Criminal Intelligence Commission (ACIC) and other agencies to verify the information provided in this application form.

### Photo identification card

### Approved brothel managers are required to carry a BLA-provided photographic identification card at all times while at the brothel. The BLA will send you the identification card form on receipt of this application.

### Fees

The application fee for 1 July 2023 to 30 June 2024 is **$135.30**.

The application fee must be paid at the time of application. The fee is non-refundable.

### Providing incorrect information

It is a serious offence for a person to knowingly make a false or misleading statement in relation to a registration application. Significant fines apply.

### Non-approved brothel managers

Non-approved brothel managers are liable for significant fines.

## 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*. For privacy information, please refer to the [Information and privacy - Business Licensing Authority page on the Consumer Affairs Victoria website](https://www.consumer.vic.gov.au/blaprivacy).

## After you lodge your application

* To avoid delays, please complete the form correctly and attach all necessary documents. The average processing time last quarter was 35 days. You may be required to provide further information.
* After your application is received, you will be sent a photo identification card application form. You are required to complete and return that form, together with two colour passport photographs.
* If any change occurs in the information you have provided in your registration application, you must notify the BLA in writing within 10 days of becoming aware of the change.
* If your application is not successful, you will be notified in writing. You can appeal the decision by applying to the Victorian Civil and Administrative Tribunal within 28 days of the decision.
* If your application is successful, you will receive an approval certificate, which is valid for 3 years. Once you are approved, you should familiarise yourself with your ongoing obligations and licensing requirements. For more information, visit the  [Sex work section of the Consumer Affairs Victoria website](https://www.consumer.vic.gov.au/sexwork) (consumer.vic.gov.au/sexwork).

## Application

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant or notifier details | | | | | | |
| 1. **Are you:**  * under 18 years of age; or * insolvent under administration (bankrupt)? or * a represented person under the *Guardianship and Administration Act 1986* (where a guardian or administrator has been appointed)? Or * within the last five years have you had a sex work service provider's licence cancelled in Victoria? | | | No – go to **question 2** | | Yes – in accordance with the *Sex Work Act 1994*, you are ineligible to be approved or act as a brothel manager. Please do not continue with this application. For further information call 1300 135 452. | |
| 1. **Name** | | | | | | |
| Title  Mr/Ms/Mrs/Other |  | | | | | |
| First given name(s) |  | | | | | |
| Middle given name(s) |  | | | | | |
| Family name |  | | | | | |
| Date of birth  dd/mm/yyyy |  | | | | | |
| Sex  (Female/Intersex/Male) | |  | | | | |
| 1. **Residential address** | | | | | | |
| Street address line 1 |  | | | | | |
| Street address line 2 If applicable |  | | | | | |
| City/Suburb/Town |  | | | | | |
| State |  | | | Postcode | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Postal address** | | | | | | | | | |
| Same as residential address? | No – provide the following details | | |  | | Yes – go to **question 5** | |  | |
| Street address line 1/PO Box |  | | | | | | | | |
| Street address line 2 (If applicable) |  | | | | | | | | |
| City/Suburb/Town |  | | | | | | | | |
| State |  | | | | | Postcode | |  | |
| 1. **Daytime telephone number** (Mobile preferred. If a landline, include area code). | |  | | | | | | | |
| 1. **Email address** A receipt of your application will be sent to this address. We may also use this address to communicate with you about matters relating to your registration. | |  | | | | | | | |
| 1. **List all other names by which you have ever been known** e.g. “Joan Therese Citizen”. Include maiden name, previous married names. If more than four names, attach a separate sheet. | | | | | | | | | |
| Full previous name 1 |  | | | | | | | | |
| Full previous name 2 |  | | | | | | | | |
| Full previous name 3 |  | | | | | | | | |
| Full previous name 4 |  | | | | | | | | |
| 1. **Citizenship** | | | | | | | | | |
| Are you an Australian citizen? Mark with a ‘X’. If yes, then go to **question 9.** | Yes | | |  | | No | |  | |
| Type of visa permitting you to work in Australia |  | | | | | | | | |
| Category number of the visa permitting you to work |  | | | | | | | | |
| Passport number |  | | | | | | | | |
| Country of issue (You must attach a copy of your passport, clearly showing your name and passport number) |  | | | | | | | | |
| Brothel details | | | | | | | | | |
| 1. **Provide details of brothels in which you are intending to work as an approved brothel manager in Victoria.** If more than one brothel, attach a separate sheet. | | | | | | | | | |
| Full name of licensee |  | | | | | | | | |
| Licence number (SWA) |  | | | | | | | | |
| Name of brothel |  | | | | | | | | |
| Address  (Include postcode. PO Boxes cannot be accepted) |  | | | | | | | | |
| Associates Provide details for all associates. If you are unsure if a person or company is an associate, visit the [Interests and associates page on the Consumer Affairs Victoria website](https://www.consumer.vic.gov.au/sexworkassociates) (consumer.vic.gov.au/sexworkassociates). | | | | | | | | | |
| 1. **Provide details of spouse/domestic partner if they have been or will be involved in/work in any sex work providing business.** This person is your associate. If more than 1 associate who will be involved in/work in any sex work providing business, attach a separate sheet. If you do not have an associate who has or will be involved in/work in any sex work providing business, go to **question 14**. | | | | | | | | | |
| Full name of spouse/domestic partner 1 |  | | | | | | | | |
| Type of associate (Spouse or domestic partner). |  | | | | | | | | |
| 1. **Provide details of YOUR first-degree relatives if they have been or will be involved in/work in any sex work providing business.** These persons are your associates. If more than 2 associates who will be involved in/work in any sex work providing business, attach a separate sheet. If you do not have any associates who have or will be involved in/work in any sex work providing business, go to **question 14**. | | | | | | | | | |
| Full name of associate 1 |  | | | | | | | | |
| Type of associate  (Relating to the applicant. Mark with a ‘X’) | Parent | | Son | | Daughter | | Brother | | Sister |
|  | |  | |  | |  | |  |
| Full name of associate 2 |  | | | | | | | | |
| Type of associate  (Relating to the applicant. Mark with a ‘X’) | Parent | | Son | | Daughter | | Brother | | Sister |
| 1. **Provide details of your SPOUSE/DOMESTIC PARTNER’S first-degree relatives if they have been or will be involved in/work in any sex work providing business.** These persons are your associates. If more than 2 associates who will be involved in/work in any sex work providing business, attach a separate sheet. If you do not have any associates who have or will be involved in/work in any sex work providing business, go to **question 14**. | | | | | | | | | |
| Full name of associate 1 |  | | | | | | | | |
| Type of associate  (Relating to the applicant. Mark with a ‘X’) | Parent | | Son | | Daughter | | Brother | | Sister |
|  | |  | |  | |  | |  |
| Full name of associate 2 |  | | | | | | | | |
| Type of associate  (Relating to the applicant. Mark with a ‘X’) | Parent | | Son | | Daughter | | Brother | | Sister |
|  | |  | |  | |  | |  |
| 1. **Provide details if any of your individual associates named in 10, 11, and 12 are a director or secretary of any company.** That company/companies is/are a corporate associate. If more than 2 associates, attach a separate sheet. If no associates are a director or secretary of any company, go to **question 16**. | | | | | | | | | |
| Full name of person who has the relationship with the company 1 |  | | | | | | | | |
| ACN (If applicable) |  | | | | | | | | |
| Name of company 1 |  | | | | | | | | |
| Trading nature of company |  | | | | | | | | |
| Full name of person who has the relationship with the company 2 |  | | | | | | | | |
| ACN (If applicable) |  | | | | | | | | |
| Name of company 2 |  | | | | | | | | |
| Trading nature of company |  | | | | | | | | |
| 1. **Provide details of any company of which you are a director or secretary**   These companies are your associates. If more than two associates, attach a separate sheet. | | | | | | | | | |
| Name of company 1 |  | | | | | | | | |
| ACN  (if applicable) |  | | | | | | | | |
| Trading nature of company |  | | | | | | | | |
| Name of company 2 |  | | | | | | | | |
| ACN  (if applicable) |  | | | | | | | | |
| Trading nature of company |  | | | | | | | | |
| 1. **Provide details of any company providing any sex work service with which you currently have or intend to have any business relationship.** These companies are your associates. If more than two associates, attach a separate sheet. | | | | | | | | | |
| Name of company1 |  | | | | | | | | |
| ACN  (if applicable) |  | | | | | | | | |
| Trading nature of company |  | | | | | | | | |
| Name of company 2 |  | | | | | | | | |
| ACN  (if applicable) |  | | | | | | | | |
| Trading nature of company |  | | | | | | | | |
| 1. **Provide details of any sex work service provider licensed in Victoria with whom you currently have or intend to have any business relationship, other than in your capacity as a brothel manager.** These persons are your associates. If more than two associates, attach a separate sheet. | | | | | | | | | |
| Full name of associate 1 |  | | | | | | | | |
| Licence number (SWA) |  | | | | | | | | |
| Full name of associate 2 |  | | | | | | | | |
| Licence number (SWA) |  | | | | | | | | |

## Acknowledgement

I declare that the information I have provided in this application and any attachments is true and correct and I also 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 (ASIC) and the Australian Financial Security Authority (AFSA) or other relevant agencies relating to the information contained in this application concerning me.

I acknowledge that if I lodge my application online, the BLA will accept this communication as containing my signature for the purposes of the *Electronic Transactions (Victoria) Act 2000*.

By lodging this form I acknowledge that I consent to give and receive information and notifications by electronic means.

|  |  |
| --- | --- |
| Signature |  |
| Full name |  |
| Date  dd/mm/yyyy |  |

## Documents required as part of this application

|  |  |
| --- | --- |
| **You must attach the following documents** Place an ‘X’ in the fields once you have attached the forms. Forms are available from the [Sex work section of the Consumer Affairs Victoria website](https://www.consumer.vic.gov.au/sexwork) (consumer.vic.gov.au/sexwork). | |
| A completed [Consent to criminal history and other records check (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 criminal history and other records check form |  |
| If you are not an Australian citizen, provide a certified copy of your passport and visa details |  |
| **For each individual associate and each director and secretary of any company associate, you must attach the following documents** Place an ‘X’ in the fields once you have attached the forms. Forms are available from consumer.vic.gov.au/sexwork | |
| A completed [Consent to criminal history and other records check (Word, 517KB)](https://www.consumer.vic.gov.au/library/forms/businesses/consent-to-national-criminal-history-and-other-record-checks.doc) |  |
| Certified copies of required identification documents. Details are on the Consent to criminal history and other records check form |  |

## Payment

**The application and registration fee for 1 July 2023 to 30 June 2024 is $135.30.**

There is no GST payable on this fee. The fee can be paid by cheque, money order or credit card. Cheques and money orders are to be made payable to ‘Business Licensing Authority’.

If paying by credit card fill in your credit card details below.

## Credit card details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card type: Mark with an ‘X’. | Visa |  | Mastercard |  |
| Amount: | **$135.30** | | | |
| Card number: |  | | | |
| Expiry date:  mm/yy |  | | | |
| CCV number (3 numbers): |  | | | |
| Name of cardholder: |  | | | |
| Signature of cardholder: |  | | | |
| Date:  dd/mm/yyyy |  | | | |

## How to lodge your application

### Attach all documents required as part of your application and post to:

Business Licensing Authority  
GPO Box 322  
Melbourne VIC 3001

**Assistance**

Telephone: 1300 13 54 52  
Web: consumer.vic.gov.au/sexwork  
NRS: 133 677  
ABN: 43 381 068 109