# Sex Work Service Provider Licence Variation Application Form

***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

If you are currently a sex work service provider and wish to modify your business type, you will need to apply to the Business Licensing Authority (BLA) for a variation to your licence. The types of licence variation applications are:

1. you currently operate an escort agency business and you propose to add a brothel business.
2. you currently operate a brothel business and you propose to add an escort agency business.
3. you currently operate a brothel, escort agency business or both and propose to change your trading premises.
4. you are licensed but not operating and you propose to commence trading.

The BLA considers the operation of a brothel and an escort agency business to be different, even though they both involve the provision of sexual services. To obtain a licence variation you must demonstrate that you are equipped to operate a new business, will be accountable for its conduct and will ensure all legal requirements and standards are met. The BLA must also be satisfied that you are able to operate in accordance with the *Sex Work Act 1994*, Sex Work Regulations 2016 and other relevant legislation. For more information, you can visit consumer.vic.gov.au/sexwork or you can contact our office on telephone 1300 13 54 52.

### Fees

The application fee for 1 July 2023 to 30 June 2024 is **$455.50**.

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

### Privacy

The Business Licensing Authority is committed to responsible and fair handling of personal information consistent with the *Privacy and Data Protection Act 2014* and its obligations under the *Sex Work Act 1994*. In accordance with the *Second-Hand Dealers and Pawnbrokers Act 1989*, certain information must be provided on a public register. For privacy information, please refer to our privacy statement available at [consumer.vic.gov.au/bla](http://www.consumer.vic.gov.au/bla) or telephone 1300 13 54 52.

## Section 1 - Things to know before starting a licence variation 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 variation?

|  |  |  |
| --- | --- | --- |
| 1. Are you currently personally insolvent or bankrupt? Are you a person who is: 2. 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 3. 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 4. 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 5. 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 6. 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 part 2 |
| Yes |  | you are NOT eligible to apply for a licence variation and must surrender your licence to the BLA |
| 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 variation and must surrender your licence to the BLA |

### Part 2 – Financial and business documents

|  |
| --- |
| To complete this application you will need to provide:   * details of your assets and liabilities. * 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.   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. If you require additional associate consent forms, you can photocopy the enclosed copies or download them from consumer.vic.gov.au/sexwork. |

### Part 3 – Application fee payable at the time of lodging a licence variation application

|  |  |
| --- | --- |
| **Application type** | **Total payable** |
| Add Escort Agency to your business | $455.50 |
| Add Brothel Agency to your business |
| Change your Escort, Brothel and Brothel & Escort Agency business address |
| You are licensed but not operating and you want to commence operating |

#### Attaching your response

If you need to attach extra pages to your response, please reference your answer to the section and question number.

**Planning permission**

You could be required to obtain planning permission from the Local Council to operate from a particular address.

**Business premises**

A licence variation application cannot be processed if you fail to nominate a business address.

**How does the BLA make its decision?**

The BLA will assess your suitability to change your licence type. The BLA will check your criminal and insolvency records and considers your character, financial resources, ability to operate a sex work business as a going concern including your capacity to provide a working environment for employees that is safe and without risks to health. The BLA will also assess whether your associate are of good repute or if they have committed any relevant criminal offences.

**Changes to your variation 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 a licence variation application.

# Section 2 – Section 40 variation application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant | | | | | | | | | | | | | |
| 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) | | | | | |  | | | | | | |
| SWA Licence Number | | | | |  | | | | | | | | |
| 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 question 3 | | | | | |
| Yes | | | | |  | | | Please specify below | | | | | |
| Previous names | | | | |  | | | | | | | | |
| 1. Business partners Do you currently or intend to carry on this business in partnership or association with any other person(s)? | | | | | | | | | | | | | |
| No | | | | | |  | | Go to question 4 | | | | | |
| Yes | | | | | |  | | Please provide details below | | | | | |
| 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) | | | | | |  | | | | | | |
| SWA Licence Number | | | | | |  | | | | | | | |
| 1. What are your contact details? | | | | | | | | | | | | | |
| Residential address | | | | |  | | | | | | Postcode |  | |
| Postal Address  PO Boxes accepted | | | | |  | | | | | | Postcode |  | |
| Home telephone number | | | | |  | | | | | | | | |
| Mobile | | | | |  | | | | | | | | |
| Work telephone | | | | |  | | | | | | | | |
| Fax | | | | |  | | | | | | | | |
| Email address | | | | |  | | | | | | | | |
| 1. Would you like to receive communication regarding your licence variation application via email? | | | | | | | | | | | | | |
| Yes | | | | |  | |  | | | | | | |
| No | | | | |  | |  | | | | | | |
| 1. Are you an Australian Citizen? | | | | | | | | | | | | | |
| Mark with a ‘X’. If yes, then go to **question 7.** | | 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) | |  | | | | | | | | | |
| 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 question 8 | | | | | | |
| Yes | | | | |  | | Provide details of any disciplinary action including the reason for the action, date of the action and result. 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 Section 3 | | | | | | |
| Yes | | | | |  | | Provide the name of the business, the address and the period during which you had that interest. Attach your response | | | | | | |

# Section 3 – Application details

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What type of sex work service provider business do you currently operate? | | | | | | | | | | |
| Brothel | | | | | | | | | |  |
| Escort agency | | | | | | | | | |  |
| Brothel and escort agency | | | | | | | | | |  |
| Not trading | | | | | | | | | |  |
| 1. What type of sex work service provider business do your propose to operate? | | | | | | | | | | |
| You currently operate an escort agency business and you propose to add a brothel business | | | | | | | | | |  |
| You currently operate a brothel business and you propose to add an escort agency business | | | | | | | | | |  |
| You currently operate a brothel, escort agency business or both and propose to change your trading premises | | | | | | | | | |  |
| You are licensed but not operating and you are propose to commence operating the following | | | | | | | | | |  |
| 1. Who owns the premises from which your business will trade? | | | | | | | | | | |
| Other individuals | | | | | | | | | |  |
| A company | | | | | | | | | |  |
| You own the premises solely or with others | | | | | | | | | |  |
| 1. Owners (individual) | | | | | | | | | | |
| Owner 1 | | | | | | | | | | |
| Title  Mr/Ms/Mrs/etc |  | | Family name |  | | | | | | |
| First given names |  | | | | | | | | | |
| Middle given name |  | | | | | | | | | |
| Date of birth |  | | | | | | | | | |
| Occupation |  | | | | | | | | | |
| Residential Address  PO Boxes accepted |  | | | | | | Postcode |  | | |
| Owner 2 | | | | | | | | | | |
| Title  Mr/Ms/Mrs/etc |  | | Family name |  | | | | | | |
| First given names |  | | | | | | | | | |
| Middle given name |  | | | | | | | | | |
| Date of birth |  | | | | | | | | | |
| Occupation |  | | | | | | | | | |
| Residential Address  PO Boxes not accepted |  | | | | | | Postcode |  | | |
| Owners (company)  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  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 |  | | Family name |  | | | | | | |
| First given names |  | | | | | | | | | |
| Middle given name |  | | | | | | | | | |
| Date of birth |  | | | | | | | | | |
| Occupation |  | | | | | | | | | |
| Residential Address  PO Boxes not accepted |  | | | | | | Postcode | |  | |
| Position held | Director | | | | |  | Secretary | |  | |
| Director / Secretary | | | | | | | | | | |
| Title  Mr/Ms/Mrs/etc |  | | Family name |  | | | | | | |
| First given names |  | | | | | | | | | |
| Middle given name |  | | | | | | | | | |
| Date of birth |  | | | | | | | | | |
| Occupation |  | | | | | | | | | |
| Residential Address  PO Boxes not accepted |  | | | | | | Postcode | |  | |
| Position held | Director | | | | |  | Secretary | |  | |
| 1. Have you ever in any State or Territory in Australia or elsewhere: | | | | | | | | | | |
| pleaded guilty to an offence against such legislation? | | | | | No |  | Yes | |  | |
| been convicted of an offence? | | | | | No |  | Yes | |  | |
| been found guilty of an offence (even if no conviction was recorded)? | | | | | No |  | Yes | |  | |
| Note: If you **answered Yes to any part of question 5,** 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). | | | | | | | | | | |
| 1. 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: | | | | | | | | | | |
| pleaded guilty to an offence against such legislation? | | | | | No |  | Yes | |  | |
| been convicted of an offence against such legislation? | | | | | No |  | Yes | |  | |
| 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 5 & 6**, 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) | | | | | | | | | | |
| 1. Other than your sex work service provider business do you currently operate a business(es) of any type? | | | | | | | | | | |
| No |  | Go to question 8 | | | | | | | | |
| Yes |  | Provide the following information in relation to each business. Attach your response | | | | | | | | |
| Business Name |  | | | | | | | | | |
| Business Address |  | | | | | | | | | |
| Business Description |  | | | | | | | | | |
| 1. 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 question 9 | | | | | | | | |
| Yes |  | Provide full details. Attach your response | | | | | | | | |
| 1. 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 question 10 | | | | | | | | |
| Yes |  | Provide full details. Attach your response | | | | | | | | |
| 1. 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 question 11 | | | | | | | | |
| Yes |  | Provide full details. Attach your response | | | | | | | | |
| 1. 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? | | | | | | | | | | |
| No |  | Go to Section 4 | | | | | | | | |
| Yes |  | Provide full details. Attach your response | | | | | | | | |

# Section 4 – Statement of Finances

The BLA must determine a sex work service provider has or is likely to have sufficient financial resources and business ability to operate the new business. 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 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 | | | | |
| Real Estate | | | | |
| Residential Address | | | | |
|  | | | | |
|  | | | | $  Your share |
| Name(s) on title: | | | | |
|  | | | | |
| **Other Property (Address)** | | | | |
|  | | | | |
|  | | | | $  Your share |
| Name(s) on title: | | | | |
|  | | | | |
| Motor Vehicle / Motor Bike / Boat | | | | |
| Motor Vehicle / Motor Bike / Boat (include model, make, year) | | | | |
|  | | | Value | $ |
|  | | | Value | $ |
|  | | | Value | $ |
| Savings / Investments | | | | |
| Name of financial institution | | | | |
|  | | | | |
| Account name | | | | |
|  | | | | |
| Account number | | | | |
|  | | | | |
| Value | | | | $ |
| Name of financial institution | | | | |
|  | | | | |
| Account name | | | | |
|  | | | | |
| Account number | | | | |
|  | | | | |
| Value | | | | $ |
| Name of financial institution | | | | |
|  | | | | |
| Account name | | | | |
|  | | | | |
| Account number | | | | |
|  | | | | |
| Value | | | | $ |
| Other (inc: shareholdings) | | | | |
|  | | | Value | $ |
|  | | | Value | $ |
|  | | | Value | $ |
| **TOTAL ASSETS** | | | | **$** |
| LIABILITIES | | | | |
| Mortgage to | | | | |
| Name of lender | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Amount available, if any, under Redraw | | | | |
| Monthly payments | $ |  | | |
| Name of lender | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Amount available, if any, under Redraw | | | | |
| Monthly payments | $ |  | | |
| Loan(s) / Finance | | | | |
| Name of lender / Financer | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Name of lender | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Name of lender | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Credit cards | | | | |
| Name of provider | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Name of provider | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Name of provider | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Personal Loans | | | | |
| Name of financial institution | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Name of financial institution | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Other lender | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Personal overdraft / Line of credit. Name of financial institution | | | | |
|  | | | | |
| Monthly payments | $ | Total owing | | $ |
| Any other liabilities (e.g. guarantee) | | | | |
| Other liabilities | | | | |
|  | | | | |
| Repayments | $ | Balance Owing | | $ |
| Other liabilities | | | | |
|  | | | | |
| Repayments | $ | Balance Owing | | $ |
| **TOTAL LIABILITIES** | | | | |
| **Repayments** | **$** | **Total Owing** | | **$** |

## Personal income and expense details

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

|  |
| --- |
| **Provide a description of how you intend to finance the licence variation** **application.** *Attach separate sheet if necessary* |
|  |
| 1. If you have received money or transferred money to Australia to support your licence variation or business in the last 12 months 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, date of birth, passport number or identification documents number of the person(s) or company providing you with money as well as a written explanation of your relationship with the individuals(s) or company from whom you have received or will be receiving the money; and 5. Documentation evidencing the transfer of funds |
|  |

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 www.consumer.vic.gov.au/sexwork or you can contact the Business Licensing Authority on: 1300 13 54 52.

# Section 5 – Sex Work Service Provider Business Operations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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* | | | | |
|  | | | | |
| 1. Have you entered into a contract to purchase a sex work service provider business? | | | | |
| No |  | Go to question 3 | | |
| 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 question 4 | | |
| 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 question 5 | | |
| Yes |  | Provide a copy of the complete contract or agreement | | |
| 1. Please provide a business plan to support your licence variation application.   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   **Please provide projected cash flow forecast for the first 12 months to support your licence variation application.**  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? | | | | |
| Address |  | | Postcode |  |
| 1. How many rooms are or will be used for sex work? | | | |  |
| 1. What are the details of your proposed approved brothel manager to work at the brothel?   *Attach separate sheet if necessary* | | | | |
| Name |  | | | |
| Approval Number |  | | | |
| Name |  | | | |
| Approval Number |  | | | |
| 1. What is the address of the escort agency office or proposed escort agency office? | | | | |
| Principal address |  | | Postcode |  |
| 1. What business names are currently being used for or proposed business? | | | | |
|  | | | | |
| 1. If you are intending to operate an escort 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* | | | | |
|  | | | | |

# Section 6 – Individual and Company 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.

The consent form can be downloaded 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? | | | | | No |  | Yes |  | If yes, please go to question 2 |
| 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? | | | | | No |  | Yes |  | If yes, please go to question 4 |
| Do you have any business partners in relation to **any** type of business? | | | | | 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? | | | | | No |  | Yes |  |  |
| Are you a director or secretary of a company? | | | | | No |  | Yes |  |  |
| Do you hold any relevant financial interest[[1]](#footnote-1) in a company? If so, please provide details. | | | | | 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 question 3 | | | | | | | |
| Yes |  | These persons are your associates. Please provide their details | | | | | | | |
| Title  Mr/Ms/Mrs/etc |  | | Family Name |  | | | | | |
| Given Name |  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicate type of associate**  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 | | | | | | | | | | | | | |
| Parent |  | Son | | | |  | Daughter | |  | | Brother | |  |
| Domestic partner | | | | | |  | Sister | |  | | Spouse | |  |
| 1. Do you have a spouse or domestic partner? | | | | | | | | | | | | | |
| No |  | | |  | | | | | | | | | |
| Yes |  | | | Go to question 4 | | | | | | | | | |
| 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 question 5 | | | | | | | | | |
| Yes |  | | | These persons are your associates. Please provide their details | | | | | | | | | |
| Title  Mr/Ms/Mrs/etc |  | | | Family Name |  | | | | | | | | |
| Given Name |  | | | | | | | | | | | | |
| **Indicate type of associate** | | | | | | | | | | | | | |
| Parent |  | Son | | | |  | Daughter | |  | | | Brother |  |
| Domestic partner | | | | | |  | Sister | |  | | | Spouse |  |
| *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 question 6 | | | | | | | | | | |
| 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 question 8 | | | | | | | | | | |
| Yes |  | | Provide the name and ACN of each company | | | | | | | | | | |
| Name: |  | | | | | | | ACN: | |  | | | |
| Name: |  | | | | | | | ACN: | |  | | | |
| Name: |  | | | | | | | ACN: | |  | | | |
| 1. Do you hold any relevant financial interest in any company | | | | | | | | | | | | | |
| No |  | | Go to question 9 | | | | | | | | | | |
| 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* | | | | | | | | | | | | | |

# Section 7 – 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 | X | | | |
| Name: |  | Date: |  | |

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

**For yourself:**

* A completed Consent to Criminal History and Other Records Check Form.
* Certified copies of the required Identification Documents
* In particular a certified copy of your passport (inc Visa details) if you are not an Australian Citizen

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

* A completed Consent to Criminal History and Other Records Check Form.
* Certified copies of the required Identification Documents

## Payment of fee

**The application fee for 1 July 2023 to 30 June 2024 is $455.50**. The fee must be paid at the time of application.

Note: There is no GST payable on this fee. If the application is withdrawn or the Business Licensing Authority refuses to grant the application, the application fee will not be refunded.

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card details (Mark with X) | Visa |  | Mastercard |  |
| Amount | $455.50 | | | | |
| Card number |  | | | | |
| Name of cardholder |  | | | | |
| Card expiry date |  | | | | |
| CCV number |  | | | | |
| Signature of cardholder | X | | | | |
| Date |  | | | | |

## How to lodge your application

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)