



LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) Act 1982

Application for Registration

Acupuncture/Tattooing/Ear-Piercing/Electrolysis/Semi-Permanent Skin Colouring

(Please delete as appropriate. A separate application form and fee is required for each activity)

***“This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.”***

Title:  Forename(s):

Surname:

Home Address:

Post Code:  Tel No:

Title:  Forename(s):

Surname:

Home Address:

Post Code:  Tel No:

Premises Name:

Premises Address:

Post Code:  Tel No:

Give the details of any persons who will be engaged in the practice or business (continue on a separate sheet if necessary)

Title:  Forename(s):

Surname:

Address:

Post Code:  Occupation:

Title:  Forename(s):

Surname:

Address:

Post Code:  Occupation:

Name:

Address:

Post Code:  Occupation:

Give a description of the premises, including number of rooms and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments. (Continue on a separate sheet if necessary)

**Please attach a copy of the floor plan showing the layout of rooms and location of facilities**

Have you previously been registered in this respect in any other authority? Yes  No

If so, state which

Have you or, to the best of your knowledge, any person who will be engaged in your practice or business:

a) been convicted within the previous five years of carrying on the practice or business which is the subject of your application without being registered by a local authority under this Act

Yes  No

b) been convicted within the previous five years of carrying on the practice or business which is the subject of your application in premises which were not registered by a local authority under this Act;

Yes  No

c) had a registration under this Act suspended or cancelled by order of a court.

Yes  No

I hereby certify that to the best of my knowledge and belief the above particulars are true.

Applicant Signature:  Date:

**OFFICE USE ONLY**

Cost Centre	NEL001	Fee	£ <input type="text"/>
Income Code	9002	Receipt No	<input type="text"/>