

**(Local Government (Miscellaneous Provisions) Act 1982)**



**Application to licence premises for acupuncture, semi-permanent skin colouring, tattooing, cosmetic piercing, ear piercing or electrolysis**

**Part 1 – Applicant Details**

1.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)		
	Surname			
	First Name			
	Other names(s)			
2.	Home Address			
	Post Code			
3.	Telephone	Daytime:	Mobile:	Evening:
4.	Email			
5.	Date of Birth			

I **HEREBY MAKE APPLICATION** in pursuance of the of the Local Government (Miscellaneous Provisions Act 1982):

*Please tick as appropriate*  
 First  registration      Re-  Registration

*Please tick all that apply*  
 Registration of a Premises       Registration of an Operator       Additional Treatment

To provide:

The practice of acupuncture	<input type="checkbox"/>	The business of semi-permanent skin colouring	<input type="checkbox"/>
The business of tattooing	<input type="checkbox"/>	The business of cosmetic piercing	<input type="checkbox"/>
The business of ear piercing	<input type="checkbox"/>	The business of electrolysis	<input type="checkbox"/>
Other .....	<input type="checkbox"/>		

**Please note that a passport photograph of each individual wishing to register must be submitted with the application.**

**Part 2 – Details**

6.	Business Name:			
	Business Address:			
	Postcode:			
7.	Telephone	Daytime:	Mobile:	Evening:
8.	Email			
9.	Contact Name (Owner/Manager)			

**Part 3 – Legal Matters**

10.	Have you been convicted within the past five years of carrying on the practice or business, which is subject of your application, without being registered by a Local Authority under this Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Have you had a registration under this Act suspended or cancelled by an order of the Court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Part 4 – Declaration and Checklist Details (please tick)**

12.	I DO HEREBY CERTIFY that to the best of my knowledge and belief, the above particulars are true.	Yes <input type="checkbox"/>
13.	I enclose the appropriate fee – state amount £  <i>Please note that if correct fee is not included with the application that the application will be rejected.</i>	Yes <input type="checkbox"/>

**Part 5 – Signature**

14.	Signature of applicant. If signing on behalf of the applicant, please state in what capacity:	
15.	Signature:	
16.	Print Name:	
17.	Capacity/Job Title:	
18.	Date:	

**I AM AWARE OF THE LOCAL GOVERNMENT (MISCELLANOUS PROVISIONS) ACT 1982, AND APPLY FOR REGISTRATION.**

**I CERTIFY** that to the best of my knowledge and belief, the information provided is true and correct.

**Signed:** ..... **Date:** .....

**Please note that each individual person engaged in the practice of acupuncture, semi-permanent skin colouring, tattooing, cosmetic piercing, ear piercing or electrolysis will need to complete a form.**

**For current breakdown of fees – see website.**

Office Use:	Date	Officer
Application received: <input type="checkbox"/>		
Appropriate fee: <input type="checkbox"/>		
Application: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
Date of inspection:		