



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982  
 APPLICATION FOR REGISTRATION TO CARRY ON THE  
 PRACTICE OF ACUPUNCTURE / BUSINESS OF TATTOOING / EAR  
 PIERCING / ELECTROLYSIS\***

**PERSONAL REGISTRATION**

Applicant(s) Full Name	
Applicant(s) Full Address	
Applicant(s) Contact Tel No	
Address and Trading Name of Premises where you will carry out the activity	
Is the premises registered with the Local Authority to carry out the activity? If YES please provide registration number if available If NO see Note 2 below	YES / NO  LN/ _____
What qualifications do you hold relating to this work? Please provide details/photocopies	
Do you provide your own equipment? If YES please provide details (attach separate schedule if necessary)	YES / NO
Have you previously been registered in this respect with any other Council? If YES please provide details	YES / NO
Have you ever been convicted of any offence under the Act? If YES please give details	YES / NO
Have you been immunised against Infective Hepatitis	YES / NO

I/We hereby make application under the provisions of the Act to be registered to carry on THE PRACTICE OF ACUPUNCTURE / THE BUSINESS OF TATTOOING / THE BUSINESS OF EAR PIERCING / THE BUSINESS OF ELECTROLYSIS\* (delete as appropriate) at the above premises and enclose herewith the relevant fee of £.....

Signed ..... Date .....

On behalf of .....

*Note:*

- 1 *The registration is not transferable and is applicable to the person at the premises stated. In the event that an applicant changes location / employer a new registration will be required.*
- 2 *The premises must be registered with the local authority, if it is not registered, application must be made at the same time as the application for a personal registration.*

**Checklist:**

- Relevant Fee*
- Copies of any qualifications in respect of the proposed activity you may hold*