



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

PREMISES REGISTRATION

Applicant(s) Full Name(s)	
Applicant(s) Full Address(s) (In the case of a company please give registered or principal office)	
Contact Tel No	
Trading Name and Address of Premises Tel No:	
Description of Premises (Including number of rooms)	
What qualifications do you hold relating to this work? Please provide details/photocopies	
Arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments (attach separate schedule if necessary)	
Have you previously been registered in this respect with any other District? 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 for the above premises 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) and enclose herewith the relevant fee of £..... (for registration of the premises and one person).

Signed Date

On behalf of

Note:

- 1 *The registration is not transferable and is applicable to the person named and premises stated. In the event that the business is sold, transferred or relocated a new registration will be required.*
- 2 *All persons undertaking the relevant activity at the premises must be registered with the local authority.*

Checklist:

- Relevant Fee*
- Plan of Premises*
(this may be a sketch plan showing the layout of the premises, including which parts are to be used for the relevant activity, which parts are accessible to the general public and which are not, WC and hand washing facilities.)
- Copies of any qualifications in respect of the proposed activity you may hold*
- Copy of your public liability insurance (if available)*