

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

**Application for Registration to carry on the [practice of Acupuncture] [business of [Tattooing] [Cosmetic Piercing] [Semi-Permanent Skin-Colouring] [Electrolysis]**

To:

**PO BOX 480  
M33 0DE**

I/WE HEREBY MAKE APPLICATION under the provisions of the above Act for registration to carry on [the practice of acupuncture] [the business of [tattooing] [cosmetic-piercing] [semi-permanent skin colouring] [electrolysis] at the premises detailed below:-

|   |        |
|---|--------|
| 1. Name(s) of Applicant(s) (in full)  |        |
| 2. Address(es) of Applicant(s) (ie. usual place(s) of residence or, in the case of a company or firm, the registered or principal office) (Telephone number)  |        |
| 3. Address of premises required to be registered<br>Telephone number  |        |
| 4. Description of premises, including number of rooms, and particulars or arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments.<br><br>(attach separate schedule if necessary) |        |
| 5. Have you previously been registered in this respect in any other district? If so, which?   | Yes/No |
| 6. Have you ever been convicted of any offence under the Act? If so, give details   | Yes/No |

**I/WE ENCLOSE HERewith** the sum £ being the amount of the fee payable on the licence applied for.

Date : 2014

Signed:.....

[on behalf of] .....

Delete any words in square brackets which do not apply.

**FOR OFFICE USE ONLY**

Date of Inspection .....

Authorised By and Recommendation .....

No. of Licence ..... Entered in Register – Date .....

**THIS APPLICATION MUST BE ACCOMPANIED BY THE APPROPRIATE FEE**

G/envh/h&s/REGBPforms/applicationforregistration