



LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS)
ACT 1982

**APPLICATION FOR REGISTRATION
IN RESPECT OF ACUPUNCTURE OR TATTOOING OR
SKIN PIERCING OR ELECTROLYSIS**

1. Name (BLOCK CAPITALS)

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2. Postal Address

.....

.....

Tel:

3. Post Address of premises at which practice
or business will be carried on
(if different from 2 above)

.....

.....

Tel:

4. I hereby apply for registration in respect of acupuncture/tattooing/skin
piercing/electrolysis* (*delete as applicable)

5. Description of premises including number of rooms and particulars of
arrangements for cleaning of premises fittings and equipment and sterilisation
of instruments (attach separate schedule or plan if necessary).

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Continued

6. 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**
- d) been registered in this respect with any other district: **YES/NO**

If 'YES' which?

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7. Please enclose a copy of any relevant qualifications associated with the proposed activity.

I declare that the details given by me on this form are correct and I enclose copies of qualifications and the requisite application for registration fee of £.....

Date: Signature:

PLEASE RETURN THIS FORM TO:

**North Somerset Council
Environmental and Consumer Services
Somerset House
Oxford Street
Weston-super-Mare
Somerset
BS23 1TG**