

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982
(as amended)

Application for Registration of a PERSON to carry out

tattooing / semi-permanent skin-colouring / cosmetic piercing / electrolysis / acupuncture

(please delete as necessary)

To: South Gloucestershire Council, Health and Safety, Department for Environment and Community Services, PO Box 1954, Bristol, BS37 0DD

I / we hereby make application under the provisions of the above Act for registration to carry out **tattooing / semi-permanent skin-colouring / cosmetic piercing / electrolysis / acupuncture**

(please delete as necessary)

at the premises detailed below:

1. Name(s) of Applicant(s) (in full)	
2. Address(es) of applicant(s) (i.e. usual place(s) of residence or, in the case of a company or firm, the registered or principal office)	
3. Name and address of premises at which you intend to practice (if more than one, list premises)	
4. Day time telephone number	
5. Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and sterilisation of instruments (attach separate schedule if necessary)	
6. Have you previously been registered in this respect in any other district? If so, which?	
7. Have you ever been convicted of any offence under the Act? If so, give details.	

A fee of £ _____ accompanies this application.

Cheques should be made payable to South Gloucestershire Council

Date _____ Signed _____

[on behalf of] _____

This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.