

Wiltshire Council

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

APPLICATION FOR REGISTRATION OF PERSONS CONCERNED WITH ACUPUNCTURE, TATTOOING, COSMETIC PIERCING, SEMI-PERMANENT SKIN COLOURING AND ELECTROLYSIS

(ADDITIONAL PERSONS)

APPLICANT DETAILS

Full Name:	Mr, Mrs, Miss or Ms
Full Postal Address:	
Telephone Number:	
Mobile Number (optional):	
Email address:	

DETAILS OF REGISTERED PREMISES WHERE APPLICANT INTENDS TO PRACTICE

Trading Name:	
Full Address:	
Telephone Number:	

NATURE OF ACTIVITY FOR WHICH REGISTRATION IS REQUIRED

Acupuncture	YES / NO
Tattooing	YES / NO
Semi-permanent skin colouring	YES / NO
Electrolysis	YES / NO
Ear Piercing	YES / NO
Body Piercing	YES / NO

MEMBERSHIP OF PROFESSIONAL BODIES/TRADE ASSOCIATIONS

Give details of any memberships with professional bodies or trade associations concerned with the registered activity. . For tattooists, please note how long you have been tattooing and where you were trained:

Names and Full Postal Addresses:

FURTHER INFORMATION

Have you previously been registered in this respect in any other district?

YES / NO

Have you ever been convicted of any offence under the Act?

YES / NO

If YES, give details:

DECLARATIONS

I/We enclose herewith the sum of £..... (**please refer to Wiltshire Council current fees and charges**) being the amount of the fee payable on the Licence for which this application is made

I do hereby certify that to the best of my knowledge and belief the above particulars are true

Signed: **Print Name:**

Dated: