

## **Premises Registration Application**

## **LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

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

Telephone Number:		
Mobile Number (optional):		
Email Address:		
DETAILS OF PREMISES TO BE	REGISTERED	
Trading Name:		
Full Postal Address		
Telephone Number:		
Email Address:		
NATURE OF ACTIVITY BEING I	REGISTRATION	
Acupuncture		YES / NO
Dry needling		YES / NO
Tattooing		YES / NO
Semi-permanent skin colouring		YES/ NO
Electrolysis		YES / NO
Ear Piercing		YES / NO
Cosmetic Piercing		YES / NO
FURTHER INFORMATION		
Have you previously been registered in this respect in any other district?		YES / NO
If yes, please provide details. D	ates, Local Authority.	•
Have you ever been convicted of any offence under the act?		YES / NO

**APPLICANT DETAILS** 

**Full Postal Address:** 

Full Name:

If YES, give details:		
DECLARATIONS		
1. I have enclosed full payment, the sum of $\pounds$		
(please refer to Wiltshire Council current fees and charges)		
2. I understand that my application will not be accepted until full payment has been received.		
3. I acknowledge that full payment must be made within 28 days of submission.		
4. I acknowledge that payment is non-refundable should I withdraw my application.		
You will be contacted within 14 days to make payment or you can call 0300 4	456 0107	
I do hereby certify that to the best of my knowledge and belief the above particular	s are true	
Signed: Print name:		
Dated:		

Please return form by post to:

Public Protection, County Hall, Bythesea Road, Trowbridge BA14 8JN

Or email to:

publicprotectionwest@wiltshire.gov.uk