



**LICENCE APPLICATION FOR ACUPUNCTURE,
TATTOOING, EAR PIERCING AND ELECTROLYSIS**

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

Application for Registration to carry on the practice of

Acupuncture / Business of Tattooing/ Ear Piercing / Electrolysis.

I/WE HEREBY MAKE APPLICATION under the provisions of the above Act for registration to carry on the Practice of Acupuncture / Business of Tattooing / Ear Piercing / Electrolysis at the premises detailed below :-

PLEASE COMPLETE IN BLOCK CAPITALS AND USE BLACK INK

PARTICULARS

1	Applicant Name	
2	(maiden name (if applicable))	
3	Date of Birth	
4	Place of Birth	
5	Home address	
		Post Code
		Phone Number
6	Company Name	
7	Registered Office Address	
		Post Code
		Phone Number
8	Name of premises to be registered	
9	Address	
		Post Code
		Phone No

Description of premises			
10	Number of rooms		
11	Particulars of arrangements for cleansing of premises, fittings and equipment, and sterilisation of instruments		
12	What practice do you wish to register for?	Acupuncture	YES / NO
		Tattooing	YES / NO
		Ear Piercing	YES / NO
		Electrolysis	YES / NO
13	Have you previously been registered in this respect in any other district? (If yes please give details)		
14	Have you ever been convicted of any offence under the Act? (If yes please give details)		

I hereby make application under the provisions of the Act and confirm that the details contained in this application are true to the best of my knowledge and belief

<p>Signed</p> <p>Date /...../20.....</p>
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A fee of £ accompanies this application, cheques should be made payable to Rushcliffe Borough Council

Send to: Rushcliffe Borough Council, Environment & Waste Management, Civic Centre, Pavilion Road, West Bridgford, Nottingham NG2 5FE