



MANSFIELD DISTRICT COUNCIL

Creating a District where People Can Succeed

Regulatory Services

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982
(AS AMENDED)**

Application for Registration to carry out Acupuncture, Tattooing Semi-permanent skin-colouring, Cosmetic piercing, Electrolysis

Premises Registration

I/WE HEREBY MAKE APPLICATION under the provisions of the above Act for registration to carry on the practice of acupuncture , the business of tattooing, semi-permanent skin-colouring, cosmetic piercing, electrolysis at the premises detailed below:

PLEASE COMPLETE IN BLOCK CAPITALS AND USE BLACK INK

PARTICULARS

- 1 Name of Applicant

- 2 Maiden name (if applicable)

- 3 Date of Birth

- 4 Address of Applicant (i.e. usual place of residence or, in the case of a company or firm, the registered or principle office)
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 - Post Code.....
 - Tel. No.....
 - e-mail.....

- 5 Address of premises required to be registered
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 - Post code.....
 - Tel No.....
 - e-mail.....

- 6 Your position in the business

- 7 Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments
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- 8 Description of provision for disposal of waste, used materials, needles etc.
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9	Which treatments will be provided at the premises	Acupuncture	Yes/No
		Tattooing	Yes/No
		Semi-permanent skin colouring	Yes/No
		Cosmetic body and ear piercing	Yes/No
		Ear-piercing only	Yes/No
		Electrolysis	Yes/No

10 Have you previously been registered in this respect in any other district?
(If yes please give details)

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11 Have you ever been convicted of any offence under the Act?
(If yes please give details)

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I confirm that the details contained in this application are true to the best of my knowledge and belief.

A fee of £ accompanies this application

Date.....

Signed.....

(On behalf of).....

All information provided would be treated in compliance with the Data Protection Act 1998. Mansfield District Council may wish to share the information you supply with other departments within the Council. If you do not wish the Council to use information you have supplied in this way please tick the box.