

# LOCAL GOVERNMENT

# (MISCELLANEOUS PROVISIONS)

# ACT 1982

**Application for Registration**

I / WE HEREBY MAKE APPLICATION under the provisions of the above Act for registration to carry at the premises detailed below the following activity(ies)

|  |  |  |  |
| --- | --- | --- | --- |
| **Acupuncture** | Business **❒** | Practice **❒** | Both **❒** |
| **Tattooing** | Business **❒** | Practice **❒** | Both **❒** |
| **Ear / Body Piercing** | Business **❒** | Practice **❒** | Both **❒** |
| **Electrolysis** | Business **❒** | Practice **❒** | Both **❒** |

*Please tick boxes appropriate to your activity*

## PARTICULARS

|  |  |
| --- | --- |
| 1 Name(s) of Applicant(s) (in full) |  |
| 1. Address(es) of Applicant(s) (i.e. usual place(s)

 of residence or, in the case of a company or firm, the registered or principle office) |  |
| 1. Contact Telephone Number & Email Address
 |  |
| 1. Address of premises required to be registered
 |  |
| 1. Description of premises, including number of rooms, and particulars of arrangements for

cleansing of premises, fittings and equipmentand sterilisation of instruments (*attach separate sheet if necessary)* |  |
| 1. Have you previously been registered in this

respect in any other district? If so, which? | Yes / No |
| 1. Have you ever been convicted of any offence

under the Act? If so, give details | Yes / No |

Date ----------------------------------- signed --------------------------------------------------------------

 (PRINT NAME) ---------------------------------------------------------

**Address to which all communication should be sent:**

Licensing, Public Protection

Tamworth Borough Council, Marmion House, Lichfield Street, Tamworth, B79 7BZ

Tel - 01827 709 445 or Email - publicprotection@tamworth.gov.uk - Fax - 01827 709 434

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