LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

APPLICATION FOR REGISTRATION OF PERSONS AND PREMISES TO CARRY ON THE PRACTICE OF ACUPUNCTURE AND THE BUSINESS OF TATTOOING, EAR PIERCING AND ELECTROLYSIS

I/WE HEREBY MAKE APPLICATION under the provisions of the above Act for registration to carry on the business of:

**PRACTICE OF ACUPUNCTURE**

**BUSINESS OF TATTOOING**

**BUSINESS OF EAR PIERCING**

**BUSINESS OF ELECTROLYSIS**

**BUSINESS OF SEMI PERMANENT SKIN COLOURING**

(Please tick all that apply)

### PART 1 REGISTRATION OF PERSON

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<tbody>
<tr>
<td>1</td>
<td>Name(s) of Applicant(s) (in full)</td>
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<tr>
<td>2</td>
<td>Address(es) of Applicant(s) (ie usual place(s) of residence or, in the case of a company or firm, the registered or principal office).</td>
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<tr>
<td>3</td>
<td>Telephone Number</td>
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<td>4</td>
<td>E Mail address</td>
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<tr>
<td>5</td>
<td>Address of premises where the applicant(s) will be operating from.</td>
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<td><strong>NB – NO PERSONAL LICENCE WILL BE ISSUED UNLESS THE APPLICANT IS OPERATING FROM A REGISTERED PREMISES.</strong></td>
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| 6 | Have you,  
a) been convicted within the previous five years of carrying on the practice or business, which is the subject of registration under the Act, without being registered by a local authority under this Act;  
b) been convicted within the previous five years of carrying on the practice or business, which is the subject of registration under the Act, in premises which were not registered by a local authority under this Act;  
c) had a registration under this Act suspended or cancelled by order of a court. |
|   | YES/NO* |

If you answered YES to any part of Question 5 please give complete details
7. Have you previously been registered with this or another authority? If YES please give full details.

1. Have You Previously Been Registered With This Or Any Other Authority

## PART II REGISTRATION OF PREMISES

1. Address of premises required to be registered and where the applicant will operate from.
   
   **NB – NO PERSONAL LICENCE WILL BE ISSUED UNLESS THE APPLICANT IS OPERATING FROM A REGISTERED PREMISES.**

2. Telephone number of premises to be registered

3. E Mail for premises if applicable

4. Number and position of rooms to be used

5. Arrangements for cleansing of premises, fittings and equipment.
   
   **NB Can be attached as a separate schedule**

6. Arrangements for cleansing and sterilisation of instruments.
   
   **NB Can be attached as a separate schedule**

7. Have you previously registered any premises in this respect in any other district? If so, which? YES/NO

8. **Have you,**
   
   a) been convicted within the previous five years of carrying on the practice or business, which is the subject of registration under the Act, without being registered by a local authority under this Act; YES/NO*
   
   b) been convicted within the previous five years of carrying on the practice or business, which is the subject of registration under the Act, in premises which were not registered by a local authority under this Act; YES/NO*
   
   c) had a registration under this Act suspended or cancelled by order of a court. YES/NO*

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Premise Application Fee enclosed
And/or Person Application Fee enclosed

**NB: Details of the appropriate fees are available on the East Riding of Yorkshire Council's website.**

(Please tick all that apply)

**I Declare That The Above Is True, And Undertake To Inform The Council Immediately Of Any Change In These Particulars.**

Signed...................................................................... on behalf of ……………………………………………………………

Date .................................................................