LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

(as amended)  
  
**Application for Registration to carry on the**

**practice of [Tattooing] [Semi-permanent**

**skin-colouring] [Cosmetic piercing] [Electrolysis]**

To

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

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  principal office) and contact telephone  number |  |
| 3 Address of premises required to be  registered and telephone number |  |
| 4 Description of premises, including  number of rooms, and particulars of  arrangements for cleansing of premises,  fittings and equipment and sterilisation  of instruments  *(attach separate schedule if necessary)* |  |
| 5 Have you previously been registered in  this respect in any other district? If so,  which? |  |
| 1. Have you ever been convicted of any   Offence under the Act: If so, give details? |  |

**I ENCLOSE THE FEE WHICH IS NON-REFUNDABLE. Please pay either over the phone by quoting the number 10100 or you can pay online at https://www.newark-sherwooddc.gov.uk/pay/.**

Date …………………………………. Signed ………………………………………...

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