

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982  
LOCAL GOVERNMENT ACT 2003**

**APPLICATION FOR REGISTRATION OF PREMISES FOR  
ACUPUNCTURE, COSMETIC PIERCING, TATTOOING OR ELECTROLYSIS**

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes. Use additional sheets if necessary.

Name of applicant(s):	
Name and address of establishment to be registered:	
Telephone number:	
Are these premises used for any other activities?	
If yes please give details:	
Type of registration required: (please tick)	Acupuncture <input type="checkbox"/> Cosmetic Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Electrolysis <input type="checkbox"/>

- I certify that, to the best of my knowledge and belief, the above particulars are correct.
- I have enclosed the fee of £50

**Signed:**

**Name:**

**Dated:**

**This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.**