

Local Government (Miscellaneous Provisions) Act 1982 as amended by Section 120 of the Local Government Act 2003

APPLICATION FOR THE REGISTRATION OF PERSONS AND/OR PREMISES TO CARRY ON THE PRACTICE OF ACUPUNCTURE, BUSINESS OF TATTOOING, BUSINESS OF COSMETIC PIERCING, BUSINESS OF ELECTROLYSIS, BUSINESS OF SEMI PERMANENT SKIN COLOURING. I/We hereby make application under the provisions of the above Acts for registration to carry on the practice/business of: (It is a requirement to tick the boxes that apply.) Section 14 Section 15 Acupuncture Tattooing Semi-permanent skin colouring Cosmetic piercing Ear Piercing Nose Piercing Electrolysis..... Other..... at the premises detailed below:-Please complete sections A and C if only applying to register the premises. sections B and C if only applying to register person(s) sections A, B and C if applying to register premises and person/persons and for all temporary registrations. (A) Registration of Premises 1. Name/Address/Telephone Number/email of Premises. Name: Address: **Email Address:** Tel No: 2. Name of applicant /Home or Company Address/Daytime Contact Telephone No. & Email Name: Address: **Email Address:** Web site: Tel No: 3. What are/will be, the normal hours of trading at the premises? For Temporary licences provide the specific date/s and times of operation. 4. Brief description of the premises and number, location and use of the treatment rooms

	or temporary persons applications you in and the dates of the temporary treatment/s you will be doing.		
Details of person requiring registration (Name, Home Address, Contact Tel No)	Name and address of the registered premises operating from (if section A not completed) This information must be provided for all person/s applications:	Treatments given & relevant qualifications and/or training. List and Provide copies of relevant training certificates etc.	
Name:			
Home Address:			
Date and Place of Birth: Name:			
Home Address:			
Date and Place of Birth:			
Name:			
Home Address:			
Date and Place of Birth:			
(C) To be completed by all appli	<u>cants</u>		
1. Have any of the persons spec	cified in this application been reg	istered in another Local	
	e details and a copy of the existi		
2. Has any person specified in t Acts mentioned in the heading a	his application been convicted o at the beginning?	f any offence under the	
3. Additional Details:			
Faces Durantees and 4 Dames	0004.70		
, ,	£63.36 For a short event.		
	gistration for over 50 persons £15 p details and registration requiremen oks		
	ve particulars are correct, I am awa 82 and enclose the sum of £		
Date:	Signed:		
Capacity:	Full name:		

This form, accompanied by the appropriate fee and any relevant training certificates, should be returned to:Bristol City Council, Health and Safety (Business Support Team 4 (BST4), City Hall), P.O Box 3399, Bristol BS1 9NE (cheques made payable to Bristol City Council)

*Businesses that change premises address will need to re-register the premises and pay the appropriate fee

Further Information:		