



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.)

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| <b>1. Name/Address/Telephone Number/email of Premises.</b>   |        |
| Name:  |        |
| Address:   |        |
| Email Address:   | Phone: |
| For residential premises you must ensure you have the correct planning permission/certificate/notice for running the skin piercing business. Please submit the document with your application. |        |
| <b>2. Name of applicant /Home or Company Address/Daytime Contact Telephone No. &amp; Email</b>   |        |
| Name:  |        |
| Address:   |        |
| Email Address:   | Phone: |
| Web site:  |        |
| <b>3. What are/will be, the normal hours of trading at the premises?<br/>For Temporary licences provide the specific date/s and times of operation.</b>  |        |
|  |        |
| <b>4. Brief description of the premises and number, location and use of the treatment rooms</b>  |        |
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**(B) Registration of Person(s).** For temporary persons applications you must provide details of all the premises you will be operating in and the dates of the temporary registration. The premises must be registered for the specific 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) <i>This information must be provided for all person/s applications:</i> | Treatments given & relevant qualifications and/or training. List and Provide copies of relevant training certificates etc. |
|---|---|--|
| Name:<br>Home Address:<br><br>Email:<br>Phone:<br>Date and Place of Birth:    |   |  |
| Name:<br>Home Address:<br><br>Email:<br>Phone:<br>Date and Place of Birth:    |   |  |

**(C) To be completed by all applicants**

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| <b>1. Have any of the persons specified in this application been registered in another Local Authority? If so, which? Provide details and a copy of the existing registration certificate.</b> |
|  |
| <b>2. Has any person specified in this application been convicted of any offence under the Acts mentioned in the heading at the beginning?</b>   |
|  |
| <b><u>3. Additional Details: e.g. training and qualifications</u></b>  |
| <u>Please submit relevant training certificates with this application</u>  |

**Fees:** Premises and 1 Person £240.00

Person only £103.31 (and same for each additional person)

Premises only £150.00

Temporary Premises only £86.17 For a short event.

Temporary Person only £64.63 For a short event.

Bulk Temporary Person registration for over 50 persons £15 per person for short events.

*Refunds are not normally given so check all details and registration requirements before applying including our relevant website pages and links. £50 is deducted from fees being refunded*

**Declaration:** I certify that the above particulars are correct, I am aware of The Local Government (Miscellaneous Provisions) Act 1982 and enclose the sum of £ \_\_\_\_\_ for registration of the above.

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*

**Notes:**

*You must ensure that either no planning permission is needed or that the necessary planning permission is in place before commencing your business otherwise you could be subject to Planning enforcement action.*

V 2.1

Further Information: