

Applications are to be returned to:
Licensing Team
Public Protection
Civic Offices
Holton Road
Barry
Vale of Glamorgan
CF63 4RU
Tel: 01446 709105



Application for Registration of a Person to Carry out the Practice of acupuncture, tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis under the Local Government (Miscellaneous Provisions) Act 1982

1. Applicant details. *(please provide home address details)*

Mr Mrs Miss Other

Full name	
House no and Street	
District	
Postcode	
Telephone number	

2. Which practice(s) do you plan to carry out at the premises?

Acupuncture Tattooing Electrolysis Cosmetic piercing
 Semi-permanent skin-colouring

3. Name and address of premises at which practice is to be carried out.

Name	
Street	
District	
Postcode	
Telephone number	

4. Are you

An experienced practitioner A trainee / apprentice (go to question 6)

5. Please list your qualifications, experience and premises from which you have previously operated.

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6. Who will be responsible for the supervision of your training?

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7. Have you previously been registered in this respect in any other district?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, which district?
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8. Have you ever been convicted of any offence under the above Act?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details.

DECLARATION

I have read the by-laws relating to acupuncture, tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis and in the event of my registration being issued I agree to comply with these regulations.

I enclose the relevant fee made payable to the Vale of Glamorgan Council and note that the fee is not returnable.

I declare to the best of my knowledge and belief the above information is correct. I understand that if I knowingly or recklessly make a false statement or omission I render myself liable to prosecution and the cancellation of my registration.

Signed..... **Date**
(Applicant)

Print name

I hereby confirm that I give my consent for this person to be registered at the above premises.

Signed..... **Date**
(Premises registration holder)

Print name