



**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 (please tick boxes as applicable)

Section 14

- Acupuncture

Section 15

- Tattooing
- Semi-permanent skin colouring
- Cosmetic body and ear piercing
- Ear piercing only
- 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

(A) Registration of Premises

1. Name/Address/Telephone Number of Premises
Name: Address: Contact Number & Email:
2. Name of Applicant/Home or Company Address/Daytime Contact Telephone Number
Name Address Contact Number & Email:
3. What are/will be, the normal hours of trading at the premises?
4. Brief description of the premises and number, location and use of rooms

(B) Registration of Person(s)

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)	Qualifications and/or training

(C) To be completed by all applicants

<p>1. Have any of the persons specified in the application been registered in this respect with any other Local Authorities? If so, which?</p>
<p> </p>
<p>2. Has any person specified in this application been convicted of any offence under the Acts?</p>
<p> </p>
<p>3. What arrangements are there for cleansing the premises, fittings and equipment?</p>
<p> </p>
<p>4. What arrangements are there for sterilisation of instruments? If only disposable pre-sterilised items used, give description including type and make</p>
<p> </p>

Fees: See website.

I CERTIFY that the above particulars are correct and enclose the sum of £ _____ for registration of the above.

Personal information you have provided is used in a number of ways, for example to investigate, detect fraud, process and respond to complaints, to carry out safeguarding procedures and comply with all legal obligations. We may share the information you have provided with other agencies, including Health and Safety Executive, Public Health England, Kent Police, Kent Fire and Rescue Service, Kent County Council, Trading Standards, Home Office, Gambling Commission, NHS etc. For further information on how your information is used and your rights, please visit <https://www.thanet.gov.uk/privacy-statement/>

Date:	Signed:
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This form, accompanied by the appropriate fee and any relevant training certificates, should be returned to:

Thanet District Council, Licensing Team, PO Box 9, Margate, Kent, CT9 1XZ