

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

Application for Registration to carry on the practice of Tattooing/Skin Piercing/Acupuncture/Semi-Permanent Make-up/Electrolysis.

TO: Tendring District Council, Town Hall, Station Road, Clacton-on-Sea, Essex CO15 1SE

I/WE HEREBY MAKE AN APPLICATION under the provisions of the above Act for registration to carry on the practice of Tattooing/Skin Piercing/Acupuncture/Electrolysis/Semi-Permanent Make-up. (Please tick)

Tattooing	<input type="checkbox"/>	Semi-permanent make-up	<input type="checkbox"/>	Skin piercing	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	Electrolysis	<input type="checkbox"/>		

New registration (please tick)	Amendment to existing registration (please tick)
1. Name/s of Applicant/s (in full)	
2. Name of business owner	
3. Address(es) of Applicant(s) (usual place(s) of residence or, in the case of a company or firm, the registered or principal office)	
4. Contact details (telephone number and e-mail address)	
5. Address and telephone number of address to be registered	
6. Amendments to be made to <u>existing</u> registration (Names to be added and/or names to be removed – Please state clearly)	
7. Description of premises, including number of rooms, particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments (attach separate schedule if necessary) Please state if renting out a room/s within premises	
8. There must be a dedicated handwash basin with hot and cold running water, for sole use by the operator for hand washing only located <u>within the treatment area</u> that is not used for any other purpose. Please confirm	YES/NO – provide details if appropriate
9. A written cleaning procedure needs to be in place. Do you have one?	YES/NO
10. A written waste disposal procedure needs to be in place. Do you have one?	YES/NO
11. Have you previously been registered in this respect in any other district. If so, which?	YES/NO
12. Have you ever been convicted of any offence under the Act? If so, give details	YES/NO

Upon receipt of your completed application form, an invoice will be issued for the fee payable.

Signed: Date:
(Hand-written signature required)

Name: On behalf of: