

Blackpool Council

APPLICATION FOR A BODY TREATMENT REGISTRATION
**(ACUPUNCTURE/TATTOOING/SEMI-PERMANENT SKIN-
COLOURING/COSMETIC PIERCING/ELECTROLYSIS REGISTRATION)**

Applicants Name:



Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8343 / 8570
F: (01253) 47 8372

www.blackpool.gov.uk

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

I/We make application for registration to carry out the following activities at the premises detailed below

(Tick as appropriate)

Acupuncture	Tattooing	Semi-permanent Skin Colouring	Cosmetic Piercing	Electrolysis

Type of Registration

Personal		Premises	
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Applicant details:

(additional applicant's details should be entered on a separate sheet)

Title: *	Mr	Mrs	Miss	Ms	Forename (s)					
Surname					Date of Birth					
Home address										
					Post Code					
Telephone Number					Mobile Number					
Email Address										

Details of premises:

Name of premises (Trading name)										
Address of premises										
					Post Code					
Telephone Number					Mobile Number					
Email Address					Vehicle Reg (if mobile)					

Description of premises:

(Include the number of rooms, arrangements for the cleansing of premises, fittings, equipment and the sterilisation of instruments)

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Details of additional persons to be registered (if any):

Name	Date of birth	Address

Has anyone named in this application been previously registered by any other authority?

YES (please give details)	NO
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Has anyone named in this application ever been convicted of any offence under Sections 14/15 Local Government (Miscellaneous Provisions) Act 1982?

YES (please give details)	NO
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I understand that the information I have provided, will be held by the Council on both computerised and manual files. This data may be made available on a public register if so required by relevant legislation. The data may also be disclosed to other departments within the Council and other organisations, but only in order to ensure compliance with relevant legislation, for identification purposes or to prevent or detect fraud or a crime.

I will notify Blackpool Council of any change of address

Signed	Print name	Date

NOTES

This application together with the appropriate fee, £225 for a Premises Registration and £51 for each Personal Registration, should be sent to Licensing Service, Blackpool Council, Municipal Buildings, PO Box 4, Blackpool, FY1 1NA

1. The form should be completed by the applicant personally (i.e. by the person who is to carry on the practice or business concerned) or, if a limited company, by a person duly authorised by the company to make the application.
2. In the event of any person referred to in this application being a limited company, the registered office address of the company should be given.
3. Any person carrying out acupuncture, tattooing, semi-permanent skin-colouring, cosmetic piercing or electrolysis at the premises must be registered with Blackpool Council for that specific activity. Personal registrations are transferrable between premises within the Blackpool Borough.