Oadby and Wigston Borough Council

Local Government (Miscellaneous Provisions) Act 1982

Part VIII: Registration of persons and premises for the practice of acupuncture, tattooing, ear-piercing and electrolysis

The above Act requires two registrations. One for the individual practitioner or business owner and one for the premises in which services will be provided from. If you are just registering as an individual (for example, you will not be working from a premises or, working in an already registered premises) please do not complete part B. If you already hold an individual registration but are now registering a premises or wish to add a second registered premises please do not complete part A, and just complete part B.

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Name of applicant: ……..................................……………………………………………

Date of Birth………………………………………………………………………………….

Home address: …………………………………........................................……………….

…………………………………………………..................................................................

………………………………………………………………………………………………….Telephone number: ......................................................................................................

Email address: ……………………………………………………………………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part A**

Registration of above person for the practice of (please tick all applicable)

£120.00

|  |  |  |
| --- | --- | --- |
| Acupuncture |  | £120 each practitioner |
| Tattooing |  | £120 each practitioner |
| Ear-Piercing |  | £120 each practitioner |
| Electrolysis |  | £120 each practitioner |

**NB. Tick each box and include extra fee if applying for more than one registration. Each person operating in the premise needs to be registered and should also complete a part A form.**

Please give particulars of any convictions under part VIII of the above act.

…………………………………………………………………………………………............

…………………………………………………………………………………………............

**Attach to application copy of all relevant qualifications /public liability insurance**

:

Oadby and Wigston Borough Council

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**Part B**

Registration of premises by the applicant for the provision of (please tick all applicable)

|  |  |  |
| --- | --- | --- |
| Acupuncture |  | £300. business owner |
| Tattooing |  | £300. business owner |
| Ear-Piercing |  | £300. business owner |
| Electrolysis |  | £300. business owner |

**NB. Tick each box and include extra fee if applying to register the premises for more than one activity.**

**A discounted price of one premises and one personal application is available at a combined fee of £370.00**

Premises name: …………………………….....................................……………………..

Address: …………………………………………………...................................................

………………………………………………………...........................................................

Telephone number ……………………………………………………….

Particulars of the room(s) at the premises to be registered for use in connection with the above activity:

a) Area of the room(s) ………………………………….............................……………….

…………………………………….................................................................………........

……………………………………………….................................................................….

…………………………………………….........................................................................

b) Type of lighting …………………………....................................……………………….

c) Type of ventilation ……………………………………………...................................….

d) Method of sterilisation equipment ………….......……………………………………….

Please state in which capacity you occupy the premises:

|  |  |
| --- | --- |
| Freehold Owner |  |
| Lease holder |  |
| Other |  |

If “other” please state:………………………………………………………………………..

**\* NB. The premises will be registered to the applicant. The registration will continue indefinitely whilst the applicant remains the legal occupier of the stated premises**

Licensing Section

Uniform number issued

Office Use: Form SP-2

Income Code: 42002 9329

Receipt Number

Date Received: