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|  | **Local Government (Miscellaneous Provisions) Act, 1982**  **Application for registration to practice:** Tattooing/Semi Permanent Skin Colouring/Cosmetic & Ear Piercing and Electrolysis |

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| --- | --- | --- | --- | --- | --- |
| I/We hereby apply under the provisions of the Local Government (Miscellaneous Provisions) Act, 1982 for Registration in order to carry on: | | | | | |
| The Business of Tattooing (including semi-permanent skin colouring) |  | The Business of Cosmetic & Ear Piercing |  | The Business of Electrolysis |  |
| (Please cross appropriate boxes) | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name and Address of premises requiring registration |  | | |
| Telephone No. of premises requiring registration: |  | | |
| Full Name(s) of Applicant(s): |  | | |
| Tel No(‘s) of Applicant(s): |  | | |
| Address(es) of Applicant(s):  *(In the case of a Company state registered or principal office)* |  | Post Code: |  |
| Name(s) (excluding applicants) of all other people intending to carry out the above practice at the above address: |  | | |

|  |  |
| --- | --- |
| Have you previously been registered under the above Act in any other district? | Yes / No \*\* |
| If Yes, please state district |  |
| Have you been convicted of any offence under the above Act? | Yes / No \*\* |
| If Yes, please give details |  |

* **I enclose the Registration fee**

Cheques should be made payable to either:

* ‘Adur District Council’ (if the business is based in Adur)
* ‘Worthing Borough Council’ (if the business is based in Worthing)

I declare that to the best of my knowledge and belief the statements made on this form are true and correct and that no material particular has been omitted.

Signed ………………………………………………………….. Dated …………..…………

Please return the completed form to:

Public Health & Regulation  
Adur & Worthing Councils  
Portland House  
44 Richmond Road  
WORTHING, BN11 1HS \*\*Delete as appropriate