

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982  
TATTOOING, ACUPUNCTURE & COSMETIC SERVICES**

Application for Registration of premises and/or practitioners of Acupuncture, Tattooing, Semi-Permanent Skin Colouring, Micro blading, Ear Piercing or Electrolysis.

**Registration details**

New premises / first person <input type="checkbox"/>	Additional persons at new or existing premises <input type="checkbox"/>
1) Full Name and Position of first person:	
2) Telephone number:	
3) Email address:	
4) Home Address:	
5) Name of Premises:	
6) State owner/s name of business either individual, partners or Limited company:	
7) Address of premises where the practice of ear piercing/electrolysis/tattooing/semi-permanent skin colouring/acupuncture ( <i>delete as appropriate</i> ) will be carried on:	
8) Names and contact details of all operators carrying out activity:	
9) Have you or any of the operators been convicted of an offence under Section 16 of the above Act? ( <i>if yes, please give details</i> ):	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Activities to Register**

Acupuncture <input type="checkbox"/>	Ear Piercing <input type="checkbox"/>
Tattooing <input type="checkbox"/>	Semi-Permanent Skin Colouring <input type="checkbox"/>
Micro blading <input type="checkbox"/>	Electrolysis <input type="checkbox"/>

If any of the operators have already registered for an activity, they do not need to re-register for that activity.

**Payment**

<p>The fee is payable by cheque or by telephone payment on 01530 454805 (Mon to Fri 9:00 to 13:00):</p> <p>a) £95.50 for registration of the premises</p> <p>b) £84.50 for registration of a person</p> <p><b>Your application will not be processed until payment has been received.</b></p>
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**Byelaws**

Before completing this form, please ensure that you have read and understood the byelaws associated with these services.

I have read and understood the byelaws adopted by NWLDC.

**Declaration**

I CERTIFY that, to the best of my knowledge and belief the above particulars are correct.

A fee of £\_\_\_\_\_ has been paid. If paying by cheque, please ensure that it accompanies this form.

Dated: ..... 20.... Signed:.....

Please return this form via email to [ehealth@nwleicestershire.gov.uk](mailto:ehealth@nwleicestershire.gov.uk) or post to the address below.

Once an application has been made and the fee paid, an officer will undertake an inspection of the premises to ensure the applicant's procedures and premises are suitable. It is an offence to carry out any of the above activities until the registration has been formally approved by an officer.