# *Local Government (Miscellaneous Provisions Act) 1982*

# Application for Registration of Premises and Persons Carrying On the Practice or Business of Acupuncture, Tattooing, Semi-Permanent Skin Colouring, Cosmetic Piercing and Electrolysis

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|  | Postal address of premises or, if none, ordnance survey map reference or description |
|       |

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| --- | --- |
|  | Company Name & Registered Office (if applicable) applying to be registered |
|       |

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|  | Full name and address of person to be registered ***(home address will not be revealed on the certificate)*** |
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| --- | --- |
|  | Contact Details |
| Telephone Number:     Email Address:      |

|  |  |
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|  | Type of work to be undertaken by applicant *(please tick relevant box):* |
| [ ]  Acupuncture [ ]  Ear Piercing only[ ]  Electrolysis [ ]  Tattooing (includes Semi-permanent skin colouring) [ ]  \*Cosmetic Piercing ***e.g. micro-blading, micro-needling, vitamin B12 injections, dermal fillers and/or anti-wrinkle treatments. etc.*** |

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Please specify type of piercing to be undertaken:

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|  | Have you previously been registered with this or any other authority? |
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| [ ]  Yes [ ]  No If ‘yes’, which?        |

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|  | Have you ever been convicted of any offence under Section 16 of the above Act relating to skin piercing activities *(this information subject to the Rehabilitation of Offenders Act 1974)?* |
| [ ]  Yes [ ]  No  |

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|  | Do you have a trade waste contract? |
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| [ ]  Yes [ ]  No If ‘yes’, who with?        |

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|  | Do you have a contract for the safe disposal of clinical waste such as sharps? |
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| [ ]  Yes [ ]  No If ‘yes’, who with?        |

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|  | Number of Employees? |
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| --- | --- |
|  | Are the employees to be registered? |
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| [ ]  Yes [ ]  No If ‘yes’, who is to be registered?  |

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| --- | --- | --- |
| **Name**  |  | **Address** |
|       |       |
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Once you have paid the fees and emailed your completed application form, an Environmental Health Officer will be in touch to arrange a suitable date and time to visit and perform an inspection.

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|  | Do you currently have Public Liability Insurance? |
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| [ ]  Yes [ ]  No If ‘yes’, who with?       |

***Please provide a copy of your Public Liability Insurance. If you currently do not have this in place, you will need to provide a copy of your insurance certificate before an inspection will take place.*** |

**Rossendale Borough Council**

**Public Protection Unit**

**Business Centre**

**Futures Park**

**Bacup**

**Lancashire**

**OL13 0BB**

Email: envhealth@rossendalebc.gov.uk

|  |  |
| --- | --- |
|  | **I declare that the above is true and undertake to inform the Council immediately of any change in circumstances** |
| Signature:       |
| Date: **DD / MM / YYYY** |