

The Licensing Service
 East Devon District Council
 Knowle, Sidmouth, EX10 8HL

Tel: 01395 517410
 Fax: 01395 517507
 www.eastdevon.gov.uk
 DX 48705 Sidmouth



LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

**Application for Registration to carry on the
 *Practice of Acupuncture and/or the Business of
 *Tattooing/ *Ear/Body Piercing/ *Electrolysis**

(*Please delete as appropriate)

FOR OFFICE USE ONLY	Passed to EHO (4):	On (date)	Registration No.
Fee: £	File No.	Date of Inspection:	Issued:
Received:	Entered:	Recommendation:	

Please complete in block capitals or type.

In all cases ensure that your answers are inside the boxes and written or typed in **black ink**. You may wish to keep a copy of the completed form for your records.

I/WE HEREBY MAKE APPLICATION under the provisions of the above Act for Registration to carry on (the practice of acupuncture) the business of (tattooing) (ear/body piercing) electrolysis) at the premises detailed below:-

1. Premises to be registered:	
Name	
Address	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
FAX NUMBER	
E-MAIL ADDRESS	
2. Description of premises, including number of rooms and particulars of arrangements for cleansing of premises, fittings/equipment and sterilisation of instruments (attach a separate schedule if necessary)	

2. APPLICANTS**Applicant 1**

Address where ordinarily resident

Post town

Post code

1. Have you previously been registered in this respect in any other district?
If YES, which?

YES - No -

2. Have you ever been convicted of any offence under the Act?
If YES, give details:

YES - No - **Applicant 2**

Address where ordinarily resident

Post town

Post code

1. Have you previously been registered in this respect in any other district?
If YES, which?

YES - No -

2. Have you ever been convicted of any offence under the Act?
If YES, give details:

YES - No - **Applicant 3**

Address where ordinarily resident

Post town

Post code

1. Have you previously been registered in this respect in any other district?
If YES, which?

YES - No -

2. Have you ever been convicted of any offence under the Act?
If YES, give details:

YES - No - **3. In the case of a company or firm give the address of the registered or principal office below:**

Post town

Post code

**Fee - £100 for Premises plus 1 person
£80 per additional person**

Signed: Date:

On behalf of:.....

Applicant 1

Signed.....Date.....

Applicant 2

Signed.....Date.....

Applicant 3

Signed.....Date.....

THIS APPLICATION MUST BE ACCOMPANIED BY THE APPROPRIATE FEE

**Fee - £100 for Premises plus 1 person
£80 per additional person**

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information on data matching at this authority please access the Council's website at http://www.eastdevon.gov.uk/index/terms_conditions.htm.