



Application for registration to carry out the practice/business of acupuncture/ tattooing/ear piercing/electrolysis/ cosmetic piercing/semi-permanent make-up (tattooing)

		OFFICIAL USE ONLY
Part 1 – PROPRIETOR/MANAGER Mr/Mrs/Miss/Ms/Other Full Name: Address: Post Code: Daytime Tel No: Email:		Licence Reference: Date Application Received: Commercial Premises Reference: EH/
Part 2 – THE PREMISES Trading Name: Current Licence No:..... Location Address: Postcode:		Fee Date Recd:..... Amount Recd:
Part 3 – PRACTICE/BUSINESS TYPE The following practices/businesses are carried out at the premises		
Part 4 - STAFF TO BE ADDED TO THE REGISTRATION CERTIFICATE (continue on separate sheet if necessary) Full Name: Address: Post Code: Daytime Tel No: Full Name: Address: Post Code: Daytime Tel No:		

Full Name:

Address:

Post Code: Daytime Tel No:

Full Name:

Address:

Post Code: Daytime Tel No:

Part 5 – STAFF TO BE REMOVED FROM REGISTRATION CERTIFICATE

Full Name:

Address:

Post Code:

Full Name:

Address:

Post Code:

Local Government (Miscellaneous Provisions) Act 1982

I/We hereby make application, under the provisions of the above Act, for the changes to the registration to carry out the *practice of acupuncture or business of tattooing/ear piercing/electrolysis/cosmetic piercing/semi permanent make-up (tattooing)* within the area of the Local Authority (**delete as appropriate**).

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

I enclose a fee of £ (See current fees list)

Signed: Name in Capitals:

Position: Date:

Please send this form together with your fee to

**Environmental Health & Licensing
Buckinghamshire Council
The Gateway
Gatehouse Road
Aylesbury
HP19 8FF
Licensing.av@buckinghamshire.gov.uk**