APPLICATION FOR REGISTRATION TO CARRY ON THE PRACTICE OF ACUPUNCTURE /BUSINESS OF TATTOOING/ COSMETIC PIERCING / SKIN PIERCING / SEMI-PERMANENT DYE OR ELECTROLYSIS



LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT
1982 (as amended)

APPLICANT'S FULL NAME(S) Mr/Mrs/Miss/Ms	
APPLICANT(S) ADDRESS(ES) (i.e. usual place(s) of residence or, in the case of a company or firm, the registered or principle office)	、
POSTCODE	
TELEPHONE NO.	
EMAIL ADDRESS this will be used to contact you	
ADDRESS OF PREMISES REQUIRED TO BE REGISTERED	
POSTCODE	
WILL YOU ALSO BE WORKING ON A MOBILE BASIS?	YES/NO
TELEPHONE NO.	
DESCRIPTION OF PREMISES, including number of rooms and particulars or arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments (attach separate sheet if necessary)	
Any other persons working at premise? If so provide names	YES/NO
Services offered: Acupuncture aer-pie	rcing 🗌 electrolysis 🗌 semi-permanent dye 🗌

HAVE YOU PREVIOUSLY BEEN REGISTERED IN THIS RESPECT IN ANY OTHER DISTRICT? IF SO, WHICH?	YES/NO
HAVE YOU BEEN CONVICTED OF ANY OFFENCE UNDER THE ACT? IF SO, GIVE DETAILS.	YES/NO

Declaration

I confirm the above details are correct

I confirm fee has been	paid by card 🗌	or cheque enclosed	
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Signature: ___

_____ Date: ___