

**BUSINESS OF TATTOOING/ COSMETIC PIERCING / OR
ELECTROLYSIS - CHANGE TO REGISTRATION**

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

Wk _____

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 <i>this will be used to contact you</i>	

NAME/ADDRESS OF PREMISES: POSTCODE REGISTRATION NUMBER: YEAR OF REGISTRATION:	
CURRENT REGISTRATION:	Acupuncture <input type="checkbox"/> ear-piercing <input type="checkbox"/> electrolysis <input type="checkbox"/> semi-permanent ink <input type="checkbox"/> body-piercing <input type="checkbox"/> Tattooing <input type="checkbox"/>
DESCRIPTION OF CHANGE TO REGISTRATION REQUIRED; DETAILS:	

Declaration

I confirm the above details are correct

I confirm fee has been paid by card ☐ or cheque enclosed ☐

Signature: _____ Date: _____