

Local Government (Miscellaneous Provisions) Act 1982 (as amended)



ASHFORD
BOROUGH COUNCIL

Application for Registration to Carry on the [Practice of Acupuncture] [Business of [Tattooing] [Semi-permanent skin-colouring] [Cosmetic piercing] [Electrolysis]*

To: Environmental Services, Ashford Borough Council, Civic Centre, Tannery Lane, Ashford, Kent, TN23 1PL

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] [semi-permanent skin-colouring] [cosmetic piercing] [electrolysis]]* at the premises detailed below:-

*Delete as appropriate

Particulars

1. Name(s) of applicant(s) (in full) ^a	
2. Address of applicant(s) ^b Telephone No:	
3. Address(es) of premises required to be registered ^c (attach separate schedule if necessary)	
4. Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments ^d (attach separate schedule if necessary)	
5. Have you previously been registered in this respect in any other district? If so, which?	
6. Have you ever been convicted of any offence under the Act? If so, give details.	

^a A corporate body (which includes a limited company, PLC) should enter the registered name of the company. An unincorporated body (for example, a partnership, a person trading as a sole trader etc.) should enter the owners name(s) and the trading name of the business. An individual should enter their name in full.

^b A corporate body should enter the registered office. An unincorporated body should enter the owner(s) home address(es) An individual should enter their home address.

^c Enter the address(es) of all premises within the Borough of Ashford where the applicant desires to carry on their business.

^d In respect to an application covering more than one premises, details must be supplied for each premises.

I/we enclose the sum of £ , being the application fee for this registration.

Signed.....

Date.....

(If signing on behalf of a company or partnership, state capacity)

The 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 public funds for these purposes.

For further information, see <http://www.ashford.gov.uk/fraudprevention> or contact Licensing Manager (01233 330721)