

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



ASHFORD  
BOROUGH COUNCIL

## Application for Registration to Carry on the Practice of Skin Piercing

I/we hereby make application under the provisions of the above Act for registration to carry on the following practices (tick all that apply) at the premises detailed below:

- Acupuncture
- Tattooing
- Semi-permanent skin-colouring
- Cosmetic Piercing other than Ear Piercing
- Ear Piercing
- Electrolysis
- Other Skin piercing practice – please specify: \_\_\_\_\_

Part 1: Applicant / Business / Premises / Contact details	
Name(s) of applicant(s) in full	
Trading name of business	
Address of premises to be registered	
Type of business <b>Note:</b> Please indicate if you are operating as a sole trader / limited company / partnership / other – (please state).	
Registered office address (if different to above)	
Contact details for the <b>applicant:</b>	Telephone: Mobile: Email:
Contact details for <b>business:</b> (if different to above)	Telephone: Mobile: Email:
Website address (if applicable)	

## Part 2: Facilities / Operation

### Type of premises

Please describe where your business will be operating from, for example:

- Room(s) within your domestic setting
- Separate room/studio at your home address but separate from main house
- Either of the above but you do not own the domestic residence.
- Business address not linked to home (including 'High Street' location)
- Mobile unit

**How many treatment rooms** will you be using:

- If more than one, please state what each room will be used for.
- Provide details of WC facilities and hand washing facilities as appropriate.

Is there a **WC** available?

Please state if:

- For staff use only
- For staff and client use
- Separate facilities for staff and clients

What **hand washing facilities** are available?

Please detail:

- How many WHB and where they are sited
- If there is separate hot and cold water or single mixer tap. (If mixer tap what temperature is the water set at)
- What type of soap and towels are provided?
- Is the water supply mains?  
If no, please provide details
- Does the waste connect to mains drainage?  
If no, please provide details

<p><b>Cleaning premises and fixtures</b></p> <p>Please detail the main items of furniture and fittings in the treatment room to include treatment couch/chair etc.</p> <p>Describe how you will keep the premises and fixtures clean including how when you clean and what cleaning agents are used.</p>	
<p><b>Equipment</b></p> <p>Please detail equipment you intend to use for relevant treatments.</p> <p>If possible attach photograph</p>	
<p><b>Sterilizing equipment</b></p> <p>Please identify which pieces of equipment you will sterilise and how this will be done</p>	
<p><b>Needles</b></p> <p>Are you using disposable or re-usable?</p>	
<p><b>How are you disposing of sharps?</b></p> <p>Please indicate name of contractor if applicable.</p>	
<p><b>Waste disposal</b></p> <p>How will you dispose of used wipes and other associated waste (not needles)</p>	
<p><b>Cross contamination / cross infection</b></p> <p>Please describe practices you have in place, mainly in relation to the treatments you are undertaking to reduce and manage cross infection risks.</p> <p>Include use of sterilising wipes, hand washing etc.</p>	
<p>Have you ever been convicted of any offence under the Local Government (Miscellaneous Provisions) Act 1982 or Health &amp; Safety at Work etc. Act for offences related to this application?</p> <p>If so, please provide details.</p>	
<p><b>Signature of Applicant</b></p>	

Date of signature	
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### PAYMENT OF FEE

Please confirm the appropriate fee prior to submission of the application form.  
Where possible payment to be made electronically.

#### For office use

Amount due:	Paid : Yes/No
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### Part 3: Practitioner (s) details

Please complete details for EACH practitioner in your skin piercing operation.  
If you are the premises applicant and intend to practice as well, please record your details below.

#### FIRST PRACTITIONER

Full name:

Activities to be undertaken (please tick all that apply)

- |   |                          |
|---|--------------------------|
| Acupuncture                               | <input type="checkbox"/> |
| Tattooing                                 | <input type="checkbox"/> |
| Semi-permanent skin-colouring             | <input type="checkbox"/> |
| Cosmetic Piercing other than Ear Piercing | <input type="checkbox"/> |
| Ear Piercing                              | <input type="checkbox"/> |
| Electrolysis                              | <input type="checkbox"/> |
| Other (please specify) _____              |                          |

Please detail your relevant training giving dates and course title / details:

Please indicate how many years you have undertaken the treatment you are applying for:

Have you previously been registered in respect to the above activities in any other district? **Y/N**

If YES - please provide details including the registering district?

Have you been refused registration, or otherwise required to cease delivering treatments in any other District? **Y/N**

Please provide details including the District concerned.

Have you ever been convicted of any offence under the Local Government (Miscellaneous Provisions) Act 1982 or Health & Safety at Work etc. Act, for offences related to this application?

If so, please provide details. No

Signature of practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

#### SECOND PRACTITIONER

Full name:

Activities to be undertaken (please tick all that apply)

Acupuncture	<input type="checkbox"/>
Tattooing	<input type="checkbox"/>
Semi-permanent skin-colouring	<input type="checkbox"/>
Cosmetic Piercing other than Ear Piercing	<input type="checkbox"/>
Ear Piercing	<input type="checkbox"/>
Electrolysis	<input type="checkbox"/>
Other (please specify) _____	

Please detail your relevant training giving dates and course title / details:

Please indicate how many years you have undertaken the treatment you are applying for:

Have you previously been registered in respect to the above activities in any other district? **Y/N**  
If YES please provide details including the registering district?

Have you been refused registration, or otherwise required to cease delivering treatments in any other District? **Y/N**  
Please provide details including the District concerned.

Have you ever been convicted of any offence under the Local Government (Miscellaneous Provisions) Act 1982 or Health & Safety at Work etc. Act, for offences related to this application?  
If so, please provide details.

Signature of practitioner:  
Date: \_\_\_\_\_

**THIRD PRACTITIONER**

Full name:

Activities to be undertaken (please tick all that apply)

Acupuncture	<input type="checkbox"/>
Tattooing	<input type="checkbox"/>
Semi-permanent skin-colouring	<input type="checkbox"/>
Cosmetic Piercing other than Ear Piercing	<input type="checkbox"/>
Ear Piercing	<input type="checkbox"/>
Electrolysis	<input type="checkbox"/>
Other (please specify) _____	

Please detail your relevant training giving dates and course title / details:

Please indicate how many years you have undertaken the treatment you are applying for:

Have you previously been registered in respect to the above activities in any other district? **Y/N**  
If YES please provide details including the registering district?

Have you been refused registration, or otherwise required to cease delivering treatments in any other District? **Y/N**  
Please provide details including the District concerned.

Have you ever been convicted of any offence under the Local Government (Miscellaneous

Provisions) Act 1982 or Health & Safety at Work etc. Act, for offences related to this application?

If so, please provide details.

Signature of practitioner:

Date: \_\_\_\_\_

Ashford Borough Council is the data controller for any personal information collected in this application. Your information will be used to administrate the licence, processing is being conducted relying upon a contractual legal basis. Your data may be shared with other departments within the council for the purpose of improving services, keeping records up-to-date and for the protection of the public fund. It may also share your data with other bodies responsible for auditing public funds for these purposes. You can find further information about data sharing to identify fraud at [ashford.gov.uk/transparency/information-rights/privacy/counter-fraud-privacy-notice](https://ashford.gov.uk/transparency/information-rights/privacy/counter-fraud-privacy-notice). Your information will be retained as long as you hold the licence + 12 years.

For more information about your data protection rights please see our data protection pages which can be found at [ashford.gov.uk/transparency/information-rights](https://ashford.gov.uk/transparency/information-rights) or contact the Data Protection Officer, Ashford Borough Council, Civic Centre, Tannery Lane, Ashford, Kent, TN23 1PL.

**Return to Licensing, Ashford Borough Council, Civic Centre, Tannery Lane, Ashford, Kent, TN23 1PL**