BUCKINGHAMSHIRE COUNCIL

# **Application to amend registration details and or request a replacement certificate**

## **Part 1**

Certificate registration number if known: ……………………….

## **Part 2: Registration details**

Mr/Mrs/Miss/Ms/Other

Full Name: ...............................................................................................................................................

Any previous name(s) if applicable: …………………………………………………………………………………………………..

Premises trading Name: ...........................................................................................................................

## **Part 2 – Practice/Business type**

What practices/businesses will you undertake at the premises?

Tattooing

Permanent and semi-permanent make-up

Cosmetic piercing

Electrolysis

Acupuncture, including dry needling

Other (Please state below i.e. microblading, micro-needling).

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## **Part 3: Contact details**

Home Address: ........................................................................................................................................

..................................................................................................................................................................

Post Code: ................................... Daytime Tel No: .....................................

Email: ...........................................................................................................

**Local Government (Miscellaneous Provisions) Act 1982**

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

**Please confirm**

Date: …. /…. / ….

## **What Next**

Please return this form by email to:  [environmentalhealth@buckinghamshire.gov.uk](mailto:environmentalhealth@buckinghamshire.gov.uk)

A member of our team will contact you to take payment for the registration fee.

Your premises will be inspected before registration is granted.