BUCKINGHAMSHIRE COUNCIL

# Application for registration to carry out the practice/business of acupuncture/ tattooing/ear piercing/electrolysis/ cosmetic piercing/semi- permanent make-up (tattooing)

**Part 1 – Applicants name & contact details:**

Title: ...........................

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

Address: .............................................................................................................................................................

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

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

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

**Part 2 – THE PREMISES**

Trading Name: ....................................................................................................................................

Location Address: ...........................................................................................................................................................

........................................................................ Postcode: ................................

**Part 3 – 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 4 - HAND WASHING FACILITIES**

(i) Facilities provided and position

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

……………………………………………………………………………………………………………………………………………………………

(ii) Hot and cold water

 Yes [x]

 No [ ]

**Part 5 – EQUIPMENT**

1. Method used (proprietary name if applicable)

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1. How is the equipment sterilized

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

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1. Where stored

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**PART 6 – Qualifications – Certification**

Please attach/ enclose copies of relevant certificates which will support your application if applicable i.e. A premises plan, training certificates, copy of public liability insurance.

**PART 7** – Have you previously been registered in any other district? If yes, which

.................................................................................................... Reg No:...........................................

Have you ever been convicted of any offence under the Local Government (Miscellaneous Provisions) Act 1982? If yes, give details

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

I/we hereby make application, under the provisions of the above Act, for the registration to carry out the practice of the above named activities at the above premises within the area of the Local Authority.

**Please confirm** [x]

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

**Please confirm** [x]

Date: …. /…. / ….

***What Next.***

Please return this form and any supporting documents by email to:  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.