



To:- Licensing Section, Environmental Health & Trading Standards, P.O. Box 233, Bath Street, Hereford. HR1 2ZF

APPLICATION FOR REGISTRATION OF PREMISES AND PERSONS CARRYING ON THE PRACTICE OF ACCUPUNCTURE/TATTOOING/EAR PIERCING/ELECTROLYSIS

I HEREBY APPLY FOR REGISTRATION UNDER THE PROVISIONS OF SECTIONS 14/15 OF THE LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

Full Name of Applicant (Block Capitals)

Date of Birth

Home Address

Daytime Telephone Number

Address of Premises to be registered (if different)

Type of Business

*Acupuncture	Tattooing	Ear Piercing	Electrolysis
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 * Delete as Appropriate

Are you or have you ever been registered by any Local Authority in connection with an acupuncturist's activities (IF SO GIVE DETAILS).....

Have you or any member of your staff ever been convicted of an offence in connection with such activities (IF SO GIVE DETAILS)

Specify any relevant qualifications that you or your staff possess

Give details of sterilisation of equipment

Give details of disposal of needles

I enclose a cheque for £ .00 as proprietor/applicant

Signed Date

NOTE:- A fee is payable in respect of both the person and the premises to be registered. The appropriate fee must be paid in full for each type of business. There are no refunds.

Scale Of Fees	Income Code	Please Tick
Acupuncture Applicant £85.00 Premises £120	N80009345	<input type="checkbox"/>
Electrolysis Applicant £85.00 Premises £120	N80009348	<input type="checkbox"/>
Ear Piercing Applicant £85.00 Premises £120	N80009346	<input type="checkbox"/>
Tattooing Applicant £85.00 Premises £120	N80009353	<input type="checkbox"/>

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Tattooing	Applicant £85.00 Premises £120	N80009353	