## **REGISTRATION OF OPERATORS TO CARRY ON THE PRACTICE OF** ACUPUNCTURE, TATTOOING, SEMI- PERMANENT SKIN-COLOURING, COSMETIC PIERCING OR **ELECTROLYSIS**

To: The Licensing Department, Reigate & Banstead Borough Council, Town Hall, Castlefield Road, Reigate, Surrey RH2 0SH

I/We hereby make an application under the provisions of The Local Government (Miscellaneous Provisions) Act1982 to carry out the following activities:

Tattooing Acupuncture

Semi-Permanent Skin Colouring

Electrolysis

Cosmetic Piercing (of any part of the body)

(Please tick all those that apply)

I confirm that I have read and understood the skin piercing bye laws (available on the skin

piercing registration page), and I understand specifically Section 4 (1)(b)(i): (tick box) 

Name of Applicant (in full):	
E-mail address of Applicant:	
Contact Telephone No. of Applicant:	
Address of Applicant (i.e. usual place of residence or, in the case of a company or firm, the registered or principal office):	
Address of premises at which practice or business will be carried out (if different from above):	
Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments: <i>(attach separate schedule if necessary)</i>	
Have you previously been registered in this respect in any other district? If so, which?	Yes 🗌 No 🗌
Have you ever been convicted of any offence under the Act? If so, give details.	Yes 🔲 No 🗍

A fee of £\_\_\_\_\_accompanies this application.

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

Print Name:

Position: