



Application for Registration of Premises for Acupuncture, Cosmetic Piercing, Electrolysis, Semi-permanent skin colouring and Tattooing

Local Government (Miscellaneous Provisions) Act 1982

Treatment(s) requiring registration: *(place a tick beside relevant treatment(s))*

Acupuncture Cosmetic Piercing Electrolysis Tattooing
Semi-permanent skin colouring

1. Name of Premises to be registered:

2. Address of Premises:

..... Postcode: Tel:

..... Email:

3. Full Name of Applicant:

4. Address of Applicant *(if different to above)*

..... Postcode: Tel:

5. List of activities to be carried out at the premises (including activities other than those for which registration is sought)

6. Describe where the treatment is to be given:

7. Describe arrangements for cleansing equipment and sterilisation of instruments:

.....

.....

8. Have you previously been registered in this respect in any other district? Yes No

If yes, give details of where:

9. Have you ever been convicted of an offence under Regulation 13-17 of the Local Government (Miscellaneous Provisions) Act 1982 Yes No

Date: Signed:

When completed this form and a cheque made payable to Ryedale District Council should be returned to:

Environmental Health Services

PO Box 67

Ryedale House

Malton

North Yorkshire

YO17 7ZG

food/d/licensing/acupunctureetc/registration of premises