

APPLICATION FOR PERSONAL REGISTRATION TO CARRY OUT THE PRACTICE OF ACUPUNCTURE, EAR PIERCING, ELECTROLYSIS OR TATTOOING

APPLICANT DETAILS

Title and Surname _____

Christian/Other Names _____

Address _____

(correspondence will be sent to this address)

Postcode: _____ E Mail address _____

Daytime Tel No: _____ Evening Tel No: _____
(including STD code) (including STD code)

Date of Birth _____ Sex _____

Registration Number (if registered previously) _____

REGISTRATION DETAILS

Please indicate type of application :

Grant Renewal

Type of registration required. Ear Piercing Acupuncture Tattooing Electrolysis

PREMISES DETAILS

Full address of premises where the above practices will be carried out.

Postcode _____ Tel No. _____

Description of premises _____

Are premises registered with Cardiff County Council to carry out the above practices? YES/NO

PERSONS (Name of persons engaged in the practice of the business:-)

Name _____

Address _____

Occupation _____

Name _____

Address _____

Occupation _____

CONVICTIONS

Have you or to the best of your knowledge, any person who will be engaged in your practice, or business:-
(Please circle answer)

- Been convicted within the previous 5 years of carrying on the practice or business which is the subject of your application without being registered by a local authority under this Act? YES/NO
- Been convicted within the previous 5 years of carrying on the practice or business which is the subject of your application in premises which were not registered by a local authority under this Act? YES/NO
- Had a registration under this Act suspended or cancelled by order of a Court? YES/NO

I enclose cash, cheque, postal order for £ _____ being the total fee payable. Cheques to be made payable to Cardiff County Council.

I understand that once registered, I must carry out the registered practice in appropriately registered premises. I certify that all material facts herein are true:-

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

SIGNED _____ DATED _____

Completed application forms, together with registration fee should be returned to :-

Licensing Section
161 City Hall
Cathays Park
Cardiff
CF10 3ND
Tel No: (029) 2087 1129 / 2087 1651

FOR OFFICIAL USE ONLY	
Receipt No.	Date of payment
Amount Paid	H & S