



The Licensing Team
Environmental Health & Housing
North Devon Council
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**APPLICATION FOR REGISTRATION TO CARRY ON THE PRACTICE OF
ACUPUNCTURE/TATTOOING/EAR-PIERCING/ELECTROLYSIS**

Form Ref: G/M1

Data Protection

North Devon Council is the Data Controller.

This information is being collected for the purpose of processing a Licence Application with the Council (type as per application form), but may be used for the wider purpose of Planning, Licensing, Registration and Regulation. When you complete this application form, you are providing your consent for the Council to hold and use your personal information for this purpose.

The information you provide may be shared with other agencies and other departments within North Devon Council. The information may be used for research, analysis and statistical purposes, but NOT commercial marketing purposes.

The Council may wish to contact you regarding issues relevant to this Licence application. Please advise us of any change in your circumstances.

If you require this document in an alternative format, please contact us.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.

APPLICATION FOR REGISTRATION TO CARRY ON THE PRACTICE OF

[enter Acupuncture/Tattooing/Ear-Piercing/Electrolysis as required above]

PERSONAL / PREMISES* APPLICATION

* Please delete as appropriate

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

I/WE* HEREBY MAKE APPLICATION under the provisions of the above Act for registration to carry on the practice of _____ * at the premises detailed below:

[enter Acupuncture/Tattooing/Ear-Piercing/Electrolysis as before]

Part 1 – Applicant(s) Details			
1. Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <i>(please specify)</i>			
Surname:			
Other name(s):			
2. Home Address:			
Postcode:		Date of birth:	
3. Telephone:		Daytime:	
		Mobile:	
		Evening:	
4. Email Address:			
<i>[please give as many contact details as possible in case we need to contact you]</i>			
Joint Applicant (if applicable)			
5. Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <i>(please specify)</i>			
Surname:			
Other name(s):			
6. Home Address:			
Postcode:		Date of birth:	
7. Telephone:		Daytime:	
		Mobile:	
		Evening:	
8. Email Address:			
<i>[please give as many contact details as possible in case we need to contact you]</i>			

Part 2 – Premises Details

9. Address of Premises to be registered:

Postcode:

10. Proprietor's full name and address (if different from above):

11. Telephone:

12. Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation instruments:

[attach separate schedule if necessary]

13. Have you previously been registered in this respect in any other district? YES/NO*

If so, where?

14. Have you ever been convicted of any offence under the Act? YES/NO*

If so, give details:

15. Does the premises have the appropriate planning permission in respect of the requested activity(ies)? YES/NO*

If NO, please explain why:

Part 3 – Declaration and Checklist (please tick)

- I/We* confirm that, to the best of my/our* knowledge and belief, the information contained in this application is true.

- I enclose the appropriate fee (cheques should be made payable to North Devon Council).

A FORM SHOULD BE USED FOR EACH APPLICANT TO BE REGISTERED

The Personal Registration Fee is payable ONCE per person and covers ALL activities. A Premises Registration Fee is payable ONCE and covers ALL activities carried out at the premises, by any number of people.

Part 4 - Signatures

16. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:

Print Name:

Capacity:

Date:

17. For joint applications, signature of 2nd applicant, or 2nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:

Signature:

Print Name:

Capacity:

Date:

[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 16 and 17 above.]

[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]

Part 5 – Contact Details

18. Please give the name of a person who can be contacted about the application:

19. Please give one or more telephone numbers at which the person identified in question 18 can be contacted:

Daytime:

Mobile:

Evening:

20. Postal address for correspondence associated with this application:

Postcode:

21. If you are happy for correspondence in relation to your application to be sent via e-mail, please give the e-mail address below:

* Delete or select as appropriate.