



**The Licensing Team**  
Environmental Health & Housing  
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**PREMISES REGISTRATION  
APPLICATION TO CARRY ON THE PRACTICE OF  
ACUPUNCTURE/TATTOOING/COSMETIC-PIERCING/ELECTROLYSIS/  
SEMI-PERMANENT MAKEUP**

**Form Ref: G/M1**

**Privacy Notice – privacy & data protection**

North Devon Council, the Data Controller, collects personal information when you contact us for the licensing services we provide. We will use this information to provide these services, such as the granting of a licence, permit, registration or receipt of a notice.

We may need to share your information with other departments in North Devon Council or external/ third parties, where this is necessary to perform our public functions & services as provided by law.

For more information as a Data Subject regarding privacy & data protection, including how we manage your personal information, data retention and your rights, please see our Privacy Notice on the website: [www.northdevon.gov.uk/privacy](http://www.northdevon.gov.uk/privacy)

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.

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

PREMISES registration under the provisions of the above Act for registration to carry on the practice of any combination of the following:

Acupuncture/Tattooing/Semi-Permanent Makeup/Cosmetic Piercing/Electrolysis

**Part 1 – Application Details**

<i>Please tick</i>	
<p>1. I hereby make application under the provisions of the above Act for a <u>premises</u> registration to carry on the practice of:</p>	<p><input type="checkbox"/> Acupuncture</p> <p><input type="checkbox"/> Tattooing</p> <p><input type="checkbox"/> Semi-Permanent Makeup</p> <p><input type="checkbox"/> Electrolysis</p> <p><input type="checkbox"/> Cosmetic Piercing - please state which parts of the body are to be pierced:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Ear</p> <p style="margin-left: 40px;"><input type="checkbox"/> Nose</p> <p style="margin-left: 40px;"><input type="checkbox"/> Body</p>
at the premises detailed below.	

*Any persons intending to operate from the premises applied for must be registered. Please complete a separate Personal Registration Form for each person intending to operate.*

**Part 2 – Applicant Details**

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

Surname:	
Other name(s):	
7. Home Address:	
Postcode:	
8. Telephone:	Daytime:
	Mobile:
	Evening:
9. Email Address:	
<i>[Please give as many contact details as possible in case we need to contact you and use a further sheet if necessary]</i>	

### **Part 3 – Premises Details**

10. Name and address of premises from which the applicant will operate:	
Postcode:	
11. Proprietor's full name and address (if different from above):	
12. Telephone:	

13. Draw a plan of the room(s) in which treatment will be completed, include the location of hand wash facilities, storage of equipment, and bed/chair placement.

14. Describe the process for cleaning and sterilisation of equipment and surfaces:

15. Which of the following equipment will be provided:

*Please tick*

Autoclave. Make and model:

Ultrasonic cleaner. Make and model:

Other please specify:

16. When provided please describe any testing and inspection arrangements for the above autoclave:	
17. Please provide detail of the arrangements made for disposal of waste, including any contracts in place:	
18. Have you previously been registered in this respect in any other district?	YES/NO*
If YES, where?	
19. Have you ever been convicted of any offence under the Local Government (Miscellaneous Provisions) Act 1982?	YES/NO*
If YES, give details:	
20. Does the premises have the appropriate planning permission in respect of the requested activity(ies)?	YES/NO*
If NO, please explain why:	

#### Part 4 – Contact Details

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

#### Part 4 – Declaration and Checklist (please tick)

<ul style="list-style-type: none"> <li>I confirm that, to the best of my knowledge and belief, the information contained in this application is true.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I enclose the appropriate fee (cheques should be made payable to North Devon Council).</li> </ul>	<input type="checkbox"/>

#### Part 5 - Signatures

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:	
<b>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:</b>	
Signature:	
Print Name:	
Capacity:	
Date:	
<i>[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)" and include print name, capacity and date].</i>	

### GUIDANCE NOTES

- A form should be used for each premises to be registered.
- The Premises Registration Fee is payable ONCE per person and covers ALL activities (as applied).
- Registered practitioners **must** carry out their business from a registered address, with the exception of an occasional visit to the clients home, for the purpose of carrying out any of the above. North Devon Council will not register applicants operating solely on a mobile basis.
- North Devon Council has under Section 15(VII) of the Local Government (Miscellaneous Provisions) Act 1982 made byelaws to control the hygiene and cleanliness of the above businesses. Registered persons/premises shall be expected to comply with these byelaws a copy of which are available on the Skin Piercing Toolkit at [www.northdevon.gov.uk/licensing](http://www.northdevon.gov.uk/licensing)
- The need for registration shall not apply to any practice carried out by or under the supervision of any person who is a registered medical practitioner (or dentist for acupuncture).