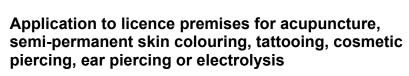
## (Local Government (Miscellaneous Provisions) Act 1982)





Pa	rt 1 – Applicant	Details					
1	Title	Mr Mrs Miss Ms Dr Other (please specify)					
	Surname						
1.	First Name						
	Other names(s)						
	Home Address						
2.							
	Post Code	Daytime:	Mobile:	Evening:			
3.	Telephone	•					
4.	Email		-				
5.	Date of Birth						
Ple Reg To The The Oth Ple the	ase tick all that appling gistration of a Premi provide:  e practice of acupunce business of tattooire business of ear piecer	ses	es of semi-permanent sl ss of cosmetic piercing ss of electrolysis	Additional Treatment			
ı a							
	Business Name:						
	Business Address:						
6.							
	Postcode:						
7.	Telephone	Daytime:	Mobile:	Evening:			
8.	Email						
9.	Contact Name (Owner/Manager)						

10.						
		d within the past five years of carry ich is subject of your application, v thority under this Act?		Yes	No	
11.		tion under this Act suspended or c	ancelled by an	Yes 🗌	No	
Par	t 4 – Declaration and	d Checklist Details (please	tick)			
					V	
12.	particulars are true.	that to the best of my knowledge	and belief, the abo	ve	Yes	L
13.	I enclose the appropriate fee – state amount £					
	Please note that if corrected.	ct fee is not included with the appli	ication that the app	lication will		
Par	t 5 – Signature					
14.	Signature of applicant. I	f signing on behalf of the applicant	t, please state in w	hat capacity:		
		. о.дд от котал от ато арриоат	., p			
15.	Signature:					
16.	Print Name:					
17.	Capacity/Job Title:					
18.	Date:					
		CAL GOVERNMENT (MISCEL	LANOUS PROV	ISIONS) AC	T 198	32,
ANE I CE	O APPLY FOR REGISTERTIFY that to the best			ŕ		32,
ANE I CE corr	O APPLY FOR REGIST ERTIFY that to the best ect.	RATION.		ŕ		32,
ANE	O APPLY FOR REGIST ERTIFY that to the best ect.	RATION.	e information pro	ŕ		32,
ANE COTT	ERTIFY that to the best ect.  ned: ase note that each in	reation.  of my knowledge and belief, the additional person engaged in the bolouring, tattooing, cosmet	e information prov  Date:  in the practice	vided is true	e and	
ANI I CE corr Sign Pleasen	ERTIFY that to the best ect.  ned:  ase note that each in the permanent skin controlysis will need to	reation.  of my knowledge and belief, the additional person engaged in the bolouring, tattooing, cosmet	e information prov  Date:  in the practice	vided is true	e and	
ANI I CE corr Sign	ERTIFY that to the best ect.  ned:  ase note that each in the permanent skin controlysis will need to	reation.  of my knowledge and belief, the additional person engaged in the complete a form.	e information prov  Date:  in the practice	vided is true	e and	
ANI I CE corr Sign Pleasemelec	ERTIFY that to the best ect.  ase note that each in hi-permanent skin controlysis will need to current breakdown	reation.  of my knowledge and belief, the additional person engaged in the complete a form.	e information prov  Date:  in the practice	vided is true	e and	<del>)</del> ,
ANE I CE corr Sign Pleasen elec For	ERTIFY that to the best ect.  ase note that each in permanent skin controlysis will need to current breakdown  ce Use:	reation.  of my knowledge and belief, the additional person engaged in the complete a form.	Date: in the practice	vided is true	e and	<del>)</del> ,
ANI I CE corr Sign Plea seneeled For	ERTIFY that to the best ect.  ase note that each in hi-permanent skin controlysis will need to current breakdown	reation.  of my knowledge and belief, the additional person engaged in the complete a form.	Date:  in the practice tic piercing, ea	vided is true	e and	<del>)</del> ,