**Knowsley Metropolitan Borough Council**

Local Government (Miscellaneous Provisions) Act 1982

Application for Registration of **PREMISES & 1 PERSON** to carry on the practice or business of: **(Acupuncture)**\* **(Tattooing)**\* **(Semi-permanent skin-colouring)**\* **(Cosmetic piercing)**\* **(Electrolysis)\* \*** Delete as appropriate

**I/WE\* MAKE APPLICATION** under the provisions of the above Act for registration of the premises detailed below.

|  |  |
| --- | --- |
| Name(s) of Applicant(s) (in full) |  |
| Address of Applicant (i.e. usual place of residence or, in the case of a company or firm, the registered or principal office) |  |
| Contact phone number |  |
| Email |  |
| Address of premises to be Registered |  |
| Trading Name (if applicable) |  |
| Description of premises including number and nature of rooms, wash facilities and sanitary provision |  |
| What method of cleansing is used for premises, fittings and fixtures? |  |
| What method of sterilisation is used for needles, instruments and other items of equipment |  |
| How do you dispose of waste (swabs, needles, etc)? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Signed: |  | Position: |  |

**Payment methods:** You will be sent and invoice for the fee and once this has been received arrangements will be made for inspection.

**Knowsley Metropolitan Borough Council**

Local Government (Miscellaneous Provisions) Act 1982

Application for Registration of **ADDITIONAL PERSON** to carry on the practice of \***(Acupuncture)** or business of **(Tattooing), (Semi-permanent skin-colouring), (Cosmetic piercing), (Electrolysis)**\* Delete as appropriate

**I/WE MAKE APPLICATION** under the provisions of the above Act for registration of persons detailed below

|  |  |
| --- | --- |
| Name(s) of Applicant(s) (in full) |  |
| Address of Applicant (i.e. usual place of residence or, in the case of a company or firm, the registered or principal office) |  |
| Contact phone number |  |
| Email |  |
| Address(es) of premises in Borough where applicant will carry on the (business) (practice) |  |
| Details of any training, qualifications or experience to carry on the (business) (practice) |  |
| Have you ever been convicted of any offence under the Act?  (If **YES,** give details) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Signed: |  | Position: |  |

**Payment methods:** You will be sent and invoice for the fee and once this has been received arrangements will be made for inspection.