

**Application For Registration to carry on  
the Practice of (Acupuncture) (Tattooing)  
(Cosmetic Piercing) (Semi-Permanent Skin  
Colouring)(Electrolysis)**

**Local Government Act, 2003**

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



1. Name of applicant(s):

Surname: (Mr/Mrs/Miss/Ms)

Forename(s):

Age (if under 21):

2a. Private address (or, if a Body Corporate, name of Body and address of Registered office):

Telephone number:

2b. Please tick which activity you are applying for:

Tattooing

Cosmetic  
Piercing

Acupuncture

Electrolysis

Semi-Permanent

3. Address of premises required to be registered:

Telephone number:

4. Description of premises, including number of rooms, arrangements for cleaning premises and equipment and sterilisation of instruments

5. Name, Make and Model of Piercing Equipment

6. If appropriate, what method of sterilisation equipment is used

7. Names of operators other than applicant

8. Details of training for each operator.

9. Have you or any of the operators previously been registered in this respect in this or any other district?

YES/ NO

If so which?

10. Have you or any of the operators been convicted of any offence under the Act?  
If so give details.

11. A fee of £        made payable to Canterbury City Council to accompany this form.

Signed:

Print Name:

Designation: (if applicable)

Dated:

**Please return this form to:**

Environmental Health  
Canterbury City Council  
Military Road  
CANTERBURY  
CT1 1YW

**PLEASE NOTE THAT IT IS AN OFFENCE TO OPERATE A SKIN PIERCING  
ACTIVITY WITHOUT FIRST OBTAINING THE RELEVANT REGISTRATION**

If you do not receive acknowledgement of this application within 10 days of it being posted, please contact the Environmental Health on 01227 862222.

**PLEASE NOTE ALL FEES ARE NON-REFUNDABLE**

