



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1982
APPLICATION FOR REGISTRATION OF PREMISES FOR THE PRACTICE
OF ACUPUNCTURE**

1. Your personal details		
TITLE (delete as appropriate): Mr, Mrs, Miss, Ms, Other (please state)		
Surname		
Forenames		
Telephone Numbers:		
Daytime		
Evening		
Mobile		
2. Premises details		
Address		
Post code		
Type of premises: (e.g. shop, stall, domestic property)		
Are the whole of the premises to be used? (If 'Yes' go straight to Section 3)	Yes	No
Which part of the premises is to be used for the purpose of acupuncture?		
Please state the use of the remainder of the premises		
3. Declaration		
I have enclosed the fee of £		
The information contained in this form is correct to the best of my knowledge and belief.		
Signature:	Date:	

This form should be returned to: Head of Public Health and Community Development, Wealden District Council, Vicarage Lane, Hailsham, East Sussex, BN27 2AX