



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1982
APPLICATION FOR REGISTRATION OF PREMISES FOR THE BUSINESS
OF EAR-PIERCING**

| | | |
|---|--------------|----|
| 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 ear-piercing? | | |
| | | |
| 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