

Personal Registration Application Wealden District Council

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982 APPLICATION FOR REGISTRATION OF <u>PERSON</u> IN RESPECT OF COSMETIC PIERCING, SEMI PERMANENT SKIN COLOURING, TATTOOING, ACUPUNCTURE AND ELECTROLYSIS

| Name of Applicant | | |
|--|--|---------------------------------|
| Address of | | |
| Applicant | | |
| Postcode | | |
| Telephone | | |
| Number | | |
| Email | | |
| Have you been | | |
| registered with | | |
| any other | Yes | No |
| District? (Please | | |
| circle one) | | |
| If 'Yes', please give details of which authority and attach a copy of the licence. (You may be eligible for a 50% discount on production of a copy of the licence) | | |
| | | , |
| Authority Details | | |
| Have you ever been convicted of any offence under the Local Government (Miscellaneous Provisions) Act 1982? If so, please give details: | | |
| Details: | | |
| | | |
| What treatments | Cosmetic Piercing/Semi permanent skin | |
| will you carry out? | colouring/tattooing/acupuncture/electrolysis | |
| Please circle | 5 5 1 | Ş |
| Address at which | | |
| you are | | |
| undertaking | | |
| treatments | | |
| Postcode | | |
| Phone Number | | |
| Email address | | |
| Payment | | |
| | https://onlinepayments.wealden.gov.uk/live/ | webpayments/ml_webpayselect.asp |
| Receipt No | | |
| Signed | | |
| Dated | | |

This form should be returned to : <u>foodhs@rother.gov.uk</u> or Head of Environmental Health Town Hall, Bexhill on Sea East Sussex TN39 3JX