



## Application for a licence to carry out acupuncture, tattooing, piercing and/or electrolysis Local Government (Miscellaneous Provision) Act 1982

Please read the following instructions first

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

Once you have completed the form, send it to us using the links below. You can pay any fees due at the same time.

[www.southhams.gov.uk/licensing-application](http://www.southhams.gov.uk/licensing-application)

[www.westdevon.gov.uk/licensing-application](http://www.westdevon.gov.uk/licensing-application)

### Data Protection

The information that you provided will be held by South Hams District/West Devon Borough Council and will be used to process your application. It will be held securely at all times in accordance with current Data Protection legislation. We must protect the public funds that we handle, so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other organisations that handle public funds. Information you provide may also be used to check the accuracy of records held elsewhere in the council. If you wish to see the personal data that the Council holds about you please contact the Data Protection Officer.

### Section 1 – About the applicant

Area	South Hams	<input type="checkbox"/>	West Devon	<input type="checkbox"/>
Are you an agent acting on behalf of the applicant?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant surname				
Applicant forename				

<b>Email</b>		
<b>Main telephone number</b>		
<b>Other telephone number</b>		
<b>Are you applying as a business/organisation or an individual?</b>	<input type="checkbox"/> Business	<input type="checkbox"/> Individual
<b>Is your business registered in the UK with Companies House?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, please provide the registration number</b>		
<b>Is your business registered outside the UK?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Business name</b>		
<b>VAT Number</b>		
<b>Legal Status</b>		
<b>Your position in the business</b>		
<b>Home Country</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Section 2 – Further Details about the Applicant</b>		
<b>Are you applying as an individual?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section 3 – Type of Application</b>		
<b>Type of application</b>	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<b>Specify the period for which the licence is required (if applicable)</b>		



**Section 5 – Premises to be licensed or registered****Name of premises/  
Trading Name****Address****Postcode****Are the contact details the same as those  
given in section one?** Yes No**If no, please provide:****Name****Main telephone  
number****Other telephone****Email****Section 6 – Details of Premises**

Please describe the premises, giving details of treatment rooms, other rooms used for the business and the facilities provided

**Provision for cleaning the premises, fitting and equipment and sterilisation of instruments**

**Provision for disposal of waste, used materials, needles etc.**

**Section 7 – Opening Times**

**Give details of proposed opening times for each day of the week**

<b>Day or days</b>	
<b>From</b>	
<b>To</b>	

### Section 8 - Treatments

Which treatments will be provided at the premises?

Acupuncture

Tattooing

Semi-permanent skin colouring

Cosmetic body and ear piercing

Ear piercing only

Electrolysis

Other

### Section 9 – Details of Practitioners

#### Practitioner 1

Surname

First name

Former names

Address

Date of birth

Place of birth

Treatments given personally or supervised by this person

**Details of all relevant qualifications, training and experience (including where undertaken, dates, awarding bodies etc.)**

**Membership of any professional bodies**

**Practitioner 2**

**Surname**

**First name**

**Former names**

**Address**

**Date of birth**

**Place of birth**

**Treatments given personally or supervised by this person**

**Details of all relevant qualifications, training and experience (including where undertaken, dates, awarding bodies etc.)**

**Membership of any professional bodies**

<b>Practitioner 3</b>	
<b>Surname</b>	
<b>First name</b>	
<b>Former names</b>	
<b>Address</b>	
<b>Date of birth</b>	
<b>Place of birth</b>	
<b>Treatments given personally or supervised by this person</b>	
<b>Details of all relevant qualifications, training and experience (including where undertaken, dates, awarding bodies etc.)</b>	
<b>Membership of any professional bodies</b>	
If there are more than three practitioners, please enter these on a separate sheet	



## Section 10 – Previous Applications

Have you or any person named in or associated with this application previously applied for a similar licence or registration?

- No
- Yes - application granted
- Yes - application granted and revoked
- Yes - application refused

## Section 11 - Convictions

Have you or any person named in or associated with this application, been convicted of any crime or offence?

- |                             |                              |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

If yes, please give details:

## Section 12 - Additional details

Provide any additional information which is required or relevant to your application here

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### Declaration

I am aware of the provisions of the Local Government (Miscellaneous Provisions) Act 1982. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

Ticking this box indicates you have read and understand the above declaration.

### Signature

This section should be completed by the applicant, unless you are agent acting on their behalf.

Signature	
Date	
Capacity	

Signature	
Date	
Capacity	