



**LOCAL GOVERNMENT  
(MISCELLANEOUS PROVISIONS) ACT 1982  
(AS AMENDED BY THE LOCAL GOVERNMENT ACT 2003)**

**APPLICATION FOR REGISTRATION OF PREMISES TO  
CARRY OUT THE PRACTICE OF ACUPUNCTURE, COSMETIC  
PIERCING, ELECTROLYSIS, TATTOOING OR SEMI  
PERMANENT SKIN COLOURING**

I/WE HEREBY MAKE APPLICATION under the provisions of the above Acts for registration to carry on the practice of acupuncture/the business of cosmetic piercing, electrolysis, tattooing or semi permanent skin colouring at the premises detailed below:-

1. Full Name of Applicant(s)		
2. Applicant(s) Home Address(es)		
3. Telephone number(s)		
4. Have you been registered previously in respect of any other district? If YES, please give details, including the address of the premises.	YES/NO	
5. State details of any convictions under the above Acts. If none, state none.		
6. Name and address of premises to be registered		
7. Telephone number		
8. Description of premises. Include number of rooms, and details of arrangements for cleansing, equipment, fittings and sterilisation of instruments. (complete the attached sheet to indicate the layout and plan of the room/area to be used)		
8. Please state clearly which practice or business you want to register for. (Please tick all relevant boxes).	(a) Acupuncture (b) Cosmetic Piercing (c) Electrolysis (d) Tattooing (e) Semi Permanent Skin Colouring	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Names and addresses of persons employed who will be/are engaged in the above practice/business. (Continue on separate sheet if necessary)	NAME	ADDRESS

Please return to the Licensing Section, Caerphilly County Borough Council, Council Offices, Penallta House, Tredomen Park, ystrad Mynach, Hengoed, CF82 7PG, together with the appropriate fee. Cheques should be made payable to Caerphilly County Borough Council.

Date \_\_\_\_\_

Signed \_\_\_\_\_

**Data Protection Act 1998** - personal data supplied in connection with this application will be processed in accordance with the Data Protection Act 1998 by Caerphilly County Borough Council for the purposes of administration of licensing and maintenance of official registers, some of which are required to be made publicly available by law

**National Fraud Initiative (NFI)** - This authority is under a duty to protect the public funds it administers and ensure applicants are legally entitled to work in the UK. We may therefore use the information you have provided on this form for the prevention and detection of fraud and to check entitlement to work. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information on NFI, see the Council's website <http://www.caerphilly.gov.uk/My-Council/Data-protection-and-freedom-of-information> or contact the Corporate Information Governance Unit at [foi@caerphilly.gov.uk](mailto:foi@caerphilly.gov.uk) For more information on licensing and entitlement to work, contact Licensing on 01443 866750.

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**The above activities can only be carried out in registered premises. The premises must be registered with the Local Authority. All person's carrying out these activities must also be registered with the Local Authority**

### **Application Process**

To enable us to assess your application please ensure you provide all of the following:

Completed application form – all questions must be answered fully.

A room plan showing how the room is set up (or will be set up)

Please ensure you write clearly as this information will be used when issuing your registration.

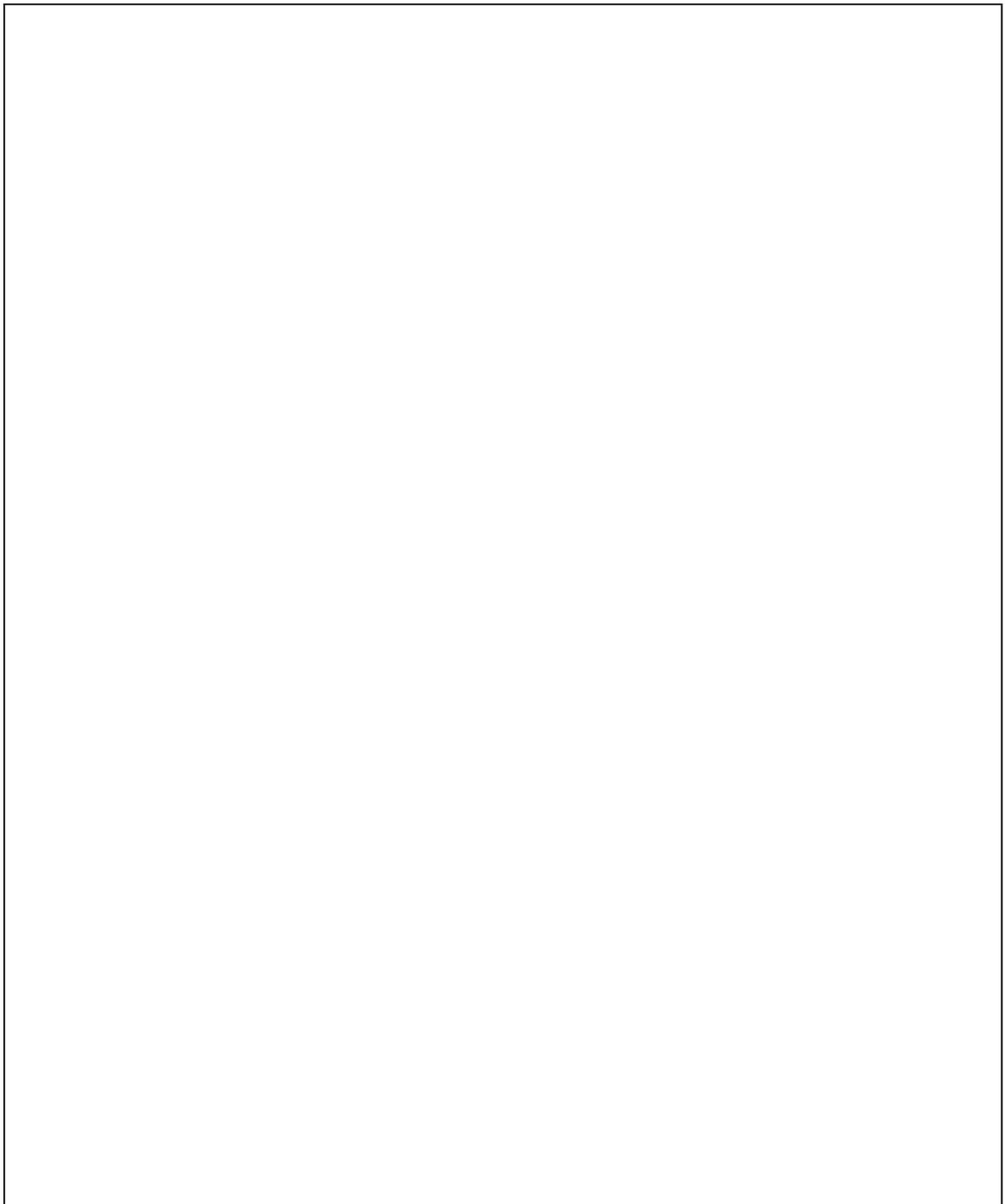
Registration fee (please see enclosed fee list)

Following receipt of your completed application and fee, your application will be passed to our Environmental Health Team who will arrange to visit you at the premises.

Your registration will be issued within 20 working days of your application being received (unless this is delayed following discussions with yourself).

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Please draw a plan of the room/area where you intend to carry out the above practices, please indicate on the plan the finishes of all floors, walls, doors, windows, partitions and ceilings in this area. Please also indicate the location of the water supply (if applicable). For clarification on the requirements please refer to the enclosed Byelaws and Guidance.



Name:

Signed:

Date: