



**CHELTENHAM**  
BOROUGH COUNCIL

CHELTENHAM BOROUGH COUNCIL  
MUNICIPAL OFFICES  
PROMENADE  
CHELTENHAM  
GLOUCESTERSHIRE GL50 9SA

Tel: 01242 264135  
Email: envhealth@cheltenham.gov.uk

## Premises Variation of Registration Details

**SR:**  
**BDYPRE**

### Local Government (Miscellaneous Provisions) Act 1982 Application for Personal Registration

To carry on the practice of acupuncture and the business of tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis

**Application Details** \* required fields (use separate sheets referenced as necessary) \* delete as required

<b>1. * State reason for variation</b> (indicating area of full change below):	
<b>2. * Premises Registered for: Practice of:</b> <input type="checkbox"/> Acupuncture <b>or Business of:</b> <input type="checkbox"/> Tattooing <input type="checkbox"/> Semi-Permanent Skin-Colouring <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Cosmetic Piercing <input type="checkbox"/> Electrolysis.	
<b>3a. * Registration number</b>	
<b>3b. * Name(s) on register(s)</b>	
3c. Premises Contact name: (if different to above)	
<b>4. * Applicant(s) full address including postcode:</b> (in the case of a company please give registered or principal office)	
5. Applicant(s) day time telephone number (mobile number requested)	
4. Applicant(s) E-mail address	
<b>5a. * Name of Premises (on register)</b>	
<b>5b. * Address of premises where registered including postcode</b>	
<b>5c. * Telephone number of premises</b>	
6. Is the business or individual registered in any other District?	Yes/No If yes please give details:
<b>7. * Have they ever been convicted of any offence under Section 16 (1) or (2) of the above Act?</b>	Yes/No If yes please give details on separate sheet

\*I/We hereby make application for variation under the provisions of the above Act for registration of the above defined practice(s) (see 2) and enclose the sum of £ .

Please tick to confirm that you consent for your registration details to be published on our website

Signed:.....

Date:.....

Print Name: .....(Job Title) .....On behalf of:.....