



CHELTENHAM BOROUGH COUNCIL
MUNICIPAL OFFICES
PROMENADE
CHELTENHAM
GLOUCESTERSHIRE GL50 9SA

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CHELTENHAM
BOROUGH COUNCIL

Premises Registration

SR:
BDYPRE

Local Government (Miscellaneous Provisions) Act 1982 Application for Premises 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 under the legislation (use separate sheets referenced as necessary)

1. * Indicate what the premises application is for: (Tick as appropriate)	Practice of: <input type="checkbox"/> Acupuncture Business of: <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.
2a. * Applicant(s) full names(s): (to go on registration certificate)	
2b. Contact name: (if different to above):	
3. * Date and Place of Birth (or company registered number)	
4. * Applicant(s) full address including postcode: (in the case of a company please give registered or principal office)	
5. * Applicant(s) daytime telephone number: (mobile number requested)	
6. * Applicant(s) e-mail address:	
7a. * Name of premises: (to appear on register)	
7b. * Address of premises to be registered, including postcode:	
7c. * Telephone number of premises:	
7d. If you are not the person in control of the premises has consent to be gained?	
8. Web address of premises:	
9. Confirm hand wash basin in treatment room/areas or explain arrangement:	
10. Specialist equipment supplied: (type/ supplier/ make / model)	
11. Waste procedure: (storage / contracts / including sharps)	
12. Applicant registered with any other Council?	If yes please give details:
13. * Applicant ever been convicted of any offence under Section 16(1) or (2) of the above Act?	Yes/No If yes please give details on separate sheet

*I/We hereby make application under the provisions of the above Act for registration of the above defined practice(s) (see1) and enclose the sum of £ .

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

Signed:.....

Date:.....

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