



**ENVIRONMENTAL REGULATION
HEALTH AND SAFETY SECTION**

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

**APPLICATION FOR
REGISTRATION TO CARRY OUT THE PRACTICE/BUSINESS
OF ACUPUNCTURE, TATTOOING, EAR PIERCING OR ELECTROLYSIS**

1. Full name and address of applicant Tel No:	
2. Address of practice or business where operating Tel No:	
3. Type of Registration required, ie Acupuncture/Tattooing/ Ear Piercing/Electrolysis	
4. Have you ever been convicted of an offence under Section 16 of the Local Government (Miscellaneous Provisions) Act 1982? If yes, please give brief detail	
5. Full name of assistants who in addition to the applicant will be carrying out Acupuncture/Tattooing/ Ear Piercing/Electrolysis	
6. Brief summary of applicants experience and/or training	

I/We enclose a fee of:.....

Date:.....

Signature:.....