



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982
APPLICATION FOR REGISTRATION OF A PRACTITIONER**

**FOR ACUPUNCTURE, TATTOOING, EAR PIERCING, ELECTROLYSIS,
COSMETIC PIERCING OR SEMI-PERMANENT SKIN COLOUR**

Part 1 – Applicant's Details

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (*please specify*)

Surname:

First Name(s):

Date of birth:

Home Address:

Postcode:

Telephone:

Daytime:

Mobile:

Evening:

Email Address:

Part 2 – Type of Application

Type of registration required as an operator

Acupuncture

Yes ☐

No ☐

Tattooing

Yes ☐

No ☐

Ear Piercing

Yes ☐

No ☐

Semi-Permanent Skin Colouring

Yes ☐

No ☐

Cosmetic Piercing

Yes ☐

No ☐

Electrolysis

Yes ☐

No ☐

Is this a First Application for Registration

Yes ☐

No ☐

Is this an Application to amend an Existing
Registration

Yes ☐

No ☐

How do you wish to amend your existing registration

Part 3 – Details of the Premises where the above practice(s) will take place

Address:

Postcode:

Telephone number:

Contact name (Owner / Manager):

Part 4 – Legal considerations

Have you been convicted within the last 5 years of carrying on the practice or business, which is the subject of our application, without being registered by a Local Authority under the provisions of the Local Government (Miscellaneous Provisions) Act 1982?

Yes ☐No ☐

Have you ever had a registration under the Local Government (Miscellaneous Provisions) Act 1982 suspended or cancelled by an Order of the Court?

Yes ☐No ☐**Part 5 – Photograph**

A passport-sized photograph* of the applicant which has been endorsed is enclosed with the application.

Yes ☐No ☐**Part 6 – Fee & methods of payment****Fee**

Please refer to City of York Council website for details.

Methods of Payment

1. **By cheque** made payable to City of York Council
2. **By bank card or Online** call 01904 552242 to make payment by card or a link can be provided if you wish to pay online. **If you pay online, you will be issued with an instant receipt.**
3. **By BACS**
Please include licence/certificate number or name of premises on payment and allow three days to clear.

ACCOUNT NUMBER: 70897558 **SORT CODE:** 40 - 47 - 31

ACCOUNT NAME: CITY OF YORK GENERAL ACCOUNT

BANK NAME: HSBC PLC

BANK ADDRESS: 13 PARLIAMENT STREET
YORK
YO1 8XS

Please note City of York Council does not accept cash payments.

Part 7 - Declaration

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

Signed	
Full Name (please print)	
Position in business	
Date	

Please note City of York Council is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Please return completed form together with any additional information and fee (if cheque):

City of York Council
Licensing Section
Hazel Court EcoDepot
James Street
York
YO10 3DS

Telephone: 01904 552422

Email: licensing@york.gov.uk

NOTES

1.	One application form must be completed by each individual person engaged in the practice of acupuncture or the business of tattooing, ear piercing, cosmetic piercing, semi-permanent skin colouring or electrolysis.
2.	Registrations remain valid as long the premises is used for the practice of acupuncture, tattooing, ear piercing, cosmetic piercing, semi-permanent skin colouring or electrolysis, however once registered you must inform us of any changes to the details provided.
3.	The registration is only valid within the City of York Council's local authority area.
4.	*The photograph should be taken against a light background; the full face should be uncovered (without sunglasses or head covering – unless the head covering is worn due to religious beliefs) and printed on photographic paper. If the application and photograph are submitted electronically, the photograph must be accompanied by a letter of endorsement.