



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

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

Part 1 – Applicant's Details		
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)		
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		
Acupuncture	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tattooing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ear Piercing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Semi-Permanent Skin Colouring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cosmetic Piercing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrolysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a First Application for Registration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this an Application to amend an Existing Registration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How do you wish to amend your existing registration		

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

Address:

Postcode:

Telephone:

Contact name (Owner / Manager):

Part 4 – Description of the premises

Please provide a brief description of the premises and number of rooms to be registered (attach a separate sheet if necessary)

Part 5 – Details of proposed operating procedures

Provide details of the procedures for ensuring the personal cleanliness of the operator

Provide details of the procedures for ensuring the cleanliness of the premises

Provide details of the procedures for ensuring the cleaning and sterilization of instruments

Provide details of the procedures for the hygienic administration of the proposed treatment(s)

Part 6 – 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 7 – Fee & methods of payment

Fee

Please refer to City of York Council website for details: <https://www.york.gov.uk/BusinessLicenceAndPermitFees>

Methods of Payment

1. **By cheque** made payable to City of York Council
2. **By bank card** call 01904 552512 to make payment.
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 8 - 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 Unit
Hazel Court EcoDepot
James Street
York
YO10 3DS

Telephone: 01904 552512
Email: licensing.unit@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 Local Authority area.