

# Gloucester City Council

## Application for Registration of a PERSON for Acupuncture, Tattooing, Semi-Permanent Skin Colouring, Cosmetic Piercing and Electrolysis

Local Government (Miscellaneous Provisions) Act 1982,  
as amended by Local Government Act 2003, Section 120

Full Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Premises Name and Address at which applicant will be operating: \_\_\_\_\_

\_\_\_\_\_

Activities to be carried out by applicant (please tick relevant box(es)):

- |  |  |
|--|--|
| <input type="checkbox"/> Acupuncture                   | <input type="checkbox"/> Ear Piercing      |
| <input type="checkbox"/> Electrolysis                  | <input type="checkbox"/> Cosmetic Piercing |
| <input type="checkbox"/> Semi-Permanent Skin Colouring | <input type="checkbox"/> Tattooing         |

Have you previously been registered in this respect with any other authorities?

Yes  No

If yes, please give details:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any offence under the above act?

Yes  No

If yes, please give details:

\_\_\_\_\_

\_\_\_\_\_

## ENVIRONMENTAL HEALTH AND REGULATORY SERVICES

Gloucester City Council    Tel 01452 396303    Fax 01452 396340  
Herbert Warehouse    Email [licence.team@gloucester.gov.uk](mailto:licence.team@gloucester.gov.uk)  
The Docks    Minicom 01452 396161  
Gloucester GL1 2EQ    [www.gloucester.gov.uk](http://www.gloucester.gov.uk)



**GLOUCESTER**  
CITY COUNCIL

Details of room where treatment will take place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of arrangements for cleansing of premises, fittings, equipment and sterilisation of instruments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A fee of: £\_\_\_\_\_ accompanies this application.

I certify that the information given by me in this application is true and complete.

I consent to the Council retaining my application and details on its database(s).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form along with the relevant fee to the Licensing Administration Team at the address overleaf.

NB: A copy of the Registration Certificate(s) and a copy of the relevant byelaws must be prominently displayed on the premises.

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**Office use only**

Receipt Number: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Date Licence Issued: \_\_\_\_\_

Licence Number: \_\_\_\_\_