

Gloucester City Council

Application for Registration of a PREMISES 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 Premises to be Registered: _____

Address of Premises to be Registered: _____

Telephone Number: _____

Email: _____

Full Name of Applicant: _____

Address of Applicant: _____

Alternative Telephone Number: _____

Managers Name if different to applicant: _____

Activities to be carried out at the premises (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 |

How many rooms will be used for treatment?

1 2 3 4+

ENVIRONMENTAL HEALTH AND REGULATORY SERVICES

Gloucester City Council
Herbert Warehouse
The Docks
Gloucester GL1 2EQ

Tel 01452 396303 Fax 01452 396340
Email licence.team@gloucester.gov.uk
Minicom 01452 396161
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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.

Office use only

Receipt Number: _____

Fee Received: _____

Date Licence Issued: _____

Licence Number: _____