

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982



Portsmouth
CITY COUNCIL

Application for registration to carry on the practice of:
(tick where appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Semi-permanent skin colouring |
| <input type="checkbox"/> Cosmetic Piercing | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Electrolysis | |

I/We hereby make application under the provisions of the above Act for registration to carry on the practice identified above at the premises detailed below:

Particulars

| | |
|---|--|
| Name(s) of applicant (in full) | |
| Address of applicant (ie usual residence or registered office address) | |
| Address of premises required to be registered | |
| Contact telephone number | |
| Have you previously been registered in this respect in any other district? If so which? | |
| Have you ever been convicted of any offence under the Act? If so give details | |

A fee of £ _____ accompanies this application.

Date Signed

Please return this application to:

Directorate of Environment and Transport
Public Protection Service
Portsmouth City Council
5th Floor, Civic Offices
Guildhall Square
Portsmouth, PO1 2AZ