



LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

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 | <input type="checkbox"/> Laser Tattoo Removal
(for reference only) |

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 (i.e. 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 yes where?	
Have you ever been convicted of any offence under the Act? If so give details	

A fee of £110.00 accompanies this application.

Date

Signature

Print Name

Please return this application to:

Neil Austin, Environmental Health Team, Portsmouth City Council, 5th Floor,
Civic Offices, Guildhall Square, PO1 2PQ