



**LOCAL GOVERNMENT  
(MISCELLANEOUS PROVISIONS) ACT 1982  
(AS AMENDED BY THE LOCAL GOVERNMENT ACT 2003)**

**APPLICATION FOR REGISTRATION TO CARRY OUT  
THE PRACTICE OF ACUPUNCTURE, COSMETIC  
PIERCING, ELECTROLYSIS, TATTOOING OR SEMI  
PERMANENT SKIN COLOURING**

I HEREBY MAKE APPLICATION under the provisions of the above Acts for registration to carry on the practice of acupuncture/the business of cosmetic piercing, electrolysis, tattooing or semi permanent skin colouring at the premises detailed below:-

|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|-----------------------|--------------------------|------------------|--------------------------|---------------|--------------------------|-----------------------------------|--------------------------|
| 1. Full Name of Applicant                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| 2. Applicants Home Address                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| 3. Telephone number(s)                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| 4. Have you been registered previously in respect of any other district? If YES, please give details, including the address of the premises. | YES/NO                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| 5. State details of any convictions under the above Acts. If none, state none.                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| 6. Name and address of registered premises in which you will be employed.                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| 7. Telephone number(s)                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| 8. Please state clearly which practice or business you want to register for. (Please tick all relevant boxes).                               | <table style="border: none;"> <tr> <td>(a) Acupuncture</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(b) Cosmetic Piercing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(c) Electrolysis</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(d) Tattooing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(e) Semi Permanent Skin Colouring</td> <td><input type="checkbox"/></td> </tr> </table> | (a) Acupuncture | <input type="checkbox"/> | (b) Cosmetic Piercing | <input type="checkbox"/> | (c) Electrolysis | <input type="checkbox"/> | (d) Tattooing | <input type="checkbox"/> | (e) Semi Permanent Skin Colouring | <input type="checkbox"/> |
| (a) Acupuncture                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| (b) Cosmetic Piercing                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| (c) Electrolysis                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| (d) Tattooing                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |
| (e) Semi Permanent Skin Colouring                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                          |                       |                          |                  |                          |               |                          |                                   |                          |

Please return to the Licensing Section, Caerphilly County Borough Council, Council Offices, Penallta House, Tredomen Park, Ystrad Mynach, Hengoed, CF82 7PG, together with the appropriate fee. Cheques should be made payable to Caerphilly County Borough Council.

Date \_\_\_\_\_

Signed \_\_\_\_\_

**Data Protection Act 1998** - personal data supplied in connection with this application will be processed in accordance with the Data Protection Act 1998 by Caerphilly County Borough Council for the purposes of administration of licensing and maintenance of official registers, some of which are required to be made publicly available by law

**National Fraud Initiative (NFI)** - This authority is under a duty to protect the public funds it administers and ensure applicants are legally entitled to work in the UK. We may therefore use the information you have provided on this form for the prevention and detection of fraud and to check entitlement to work. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information on NFI, see the Council's website <http://www.caerphilly.gov.uk/My-Council/Data-protection-and-freedom-of-information> or contact the Corporate Information Governance Unit at [foi@caerphilly.gov.uk](mailto:foi@caerphilly.gov.uk) For more information on licensing and entitlement to work, contact Licensing on 01443 866750.

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COSMETIC PIERCING, ELECTROLYSIS, TATTOOING OR SEMI PERMANENT SKIN COLOURING**

**To carry out any of the above activities you must first be registered with the Local Authority and the premises where you intending on working must also be registered (please see Premises Registration if required)**

### **Application Process**

To enable us to assess your application please ensure you provide all of the following:

Completed application form – all questions must be answered fully.

Please ensure you write clearly as this information will be used when issuing your registration.

Registration fee (please see enclosed fee list)

Following receipt of your completed application and fee, your application will be passed to our Environmental Health Team who will arrange to visit you at the premises.

Your registration will be issued within 20 working days of your application being received (unless this is delayed following discussions with yourself).