

Application for a Registration to carry on the [practice of Acupuncture] [business of (Tattooing) (Ear piercing) (Electrolysis)]

Licensing
Public Protection Partnership
Council Offices
Market Street
Newbury
Berkshire
RG14 5LD

[] please delete as appropriate

Local Government (Miscellaneous Provisions) Act 1982

I/ We hereby make application in pursuance of the provisions of the Local Government (Miscellaneous Provisions) Act 1982 for a licence to carry on [the practise of acupuncture] [the business of (tattooing) (ear piercing) (electrolysis)] at the premises of which the particulars are given below.

- Please delete as appropriate
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SECTION A – Particulars of Applicant

1.	Surname (IN BLOCK CAPITALS) Other Names..... Home Address: Postcode Date of Birth..... Home Telephone Number Mobile Telephone Number..... Work Telephone Number..... Fax Number..... E-mail address.....
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SECTION B – Site Details

1.	Please state details of the premises on which you wish to carry on the business as indicated above: Address: Postcode
2.	Please describe the premises required to be registered (including number of rooms, and particulars of arrangements for cleaning of premises, fittings and equipment and sterilisation of instruments (attach separate schedule if necessary):
3.	Have you previously been registered in this respect in any other district? * YES / NO If YES, give details:

4.	<p>Have you ever been convicted of any offence under the Act? * YES / NO</p> <p>If YES, give details:</p>
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SECTION C – Declaration

1.	<p><input type="checkbox"/> I confirm that the information I have given is correct to the best of my knowledge and belief. I understand that I shall be liable to prosecution if I have knowingly or recklessly made a false statement or omitted any relevant information</p> <p>Signed..... Date</p>
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This Form should be returned to Licensing, Public Protection Partnership, Council Offices, Market Street, Newbury RG14 5LD with the appropriate fee.

How would you like to make payment Licence (please tick)

- Credit/Debit Card (please call Licensing on **0330 1319742, Option 2** to make a payment)
- Cheque (please make payable to West Berkshire Council)

PLEASE NOTE WITHOUT ANY OF THE ABOVE ITEMS THE APPLICATION CANNOT BE ACCEPTED

This authority is under a duty to protect the public funds it administers, and to this end may use the information you provide on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Your personal data will be used in line with the EU General Data Protection Regulation (GDPR) to process your application or the service you require by The Public Protection Partnership. The retention period is set in legislation or as required for the service that is being provided. Your data will not be kept for longer than is necessary. If you are not satisfied with the way that your data is being processed the Information Commissioner can be contacted

<https://ico.org.uk/concerns/handling/>

Information Commissioner's Office
 Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF