

### LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

## **APPLICATION FOR DERMAL REGISTRATION**

To: Wokingham Borough Council

I/WE HEREBY MAKE APPLICATION under the provisions of the above act for registration to carry on: (the practice of acupuncture)

(the business of (tattooing) (semi permanent skin colouring)

(ear-piercing) (electrolysis) (cosmetic piercing) \* at the premises below:

\* Delete any words in brackets which do not apply

PARTICULARS

|  |  |
| --- | --- |
| 1. Name(s) of Applicant(s) (in full) |  |
| 2. Address of Applicant(s) (ie usual place(s) of residence or, in the case of a company or firm, the registered or principal office) |  |
| 1. Address of premises required to be registered |  |
| 4. Contact telephone number |  |
| 5. Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments (attach separate schedule if necessary) |  |
| 6. Have you previously been registered in this respect in any other district? If so, which? |  |
| 7. Have you ever been convicted of any offence under the Act? If so, give details |  |

Fees (To accompany this application) –

Please ensure if you wish to pay by cheque, that it is made payable to **West Berkshire Council.**

Customers will be asked to input card details via telephone keypad as prompted.

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| **Individual- £183.00** | **Premises- £286.00** | **Joint Application- £457.00** |

Date ................................... Signed ……………………………………….

Position ………………………………………