

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982 APPLICATION FOR REGISTRATION OF A PRACTITIONER

FOR ACUPUNCTURE, TATTOOING, EAR PIERCING, ELECTROLYSIS

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| **Part 1 – Applicant’s Details** | | | | | | |
| Title: Mr □ Mrs □ Miss □ Ms □ Dr □ Other (*please specify*) | | | | | | |
| Surname: |  | | | | | |
| First Name(s): |  | | | | | |
| Date of birth: |  | | | | | |
| Home Address: |  | | | | | |
| Postcode: |  | | | | | |
| Telephone: | Daytime: |  | | | | |
|  | Mobile: |  | | | | |
|  | Evening: |  | | | | |
| Email Address: | | | | | | |
| **Part 2 – Type of Application** | | | | | | |
| Type of registration required as an operator | | | | | | |
| Acupuncture | | | Yes | □ | No | □ |
| Tattooing | | | Yes | □ | No | □ |
| Ear Piercing | | | Yes | □ | No | □ |
| Electrolysis | | | Yes | □ | No | □ |
|  | | | | | | |
| Is this a First Application for Registration | | | Yes | □ | No | □ |
| Please provide details of your previous registration(s) | | | | | | |
| Is this an Application to amend an Existing Registration | | | Yes | □ | No | □ |
| How do you wish to amend your existing registration | | | | | | |

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| **Part 3 – Details of the Premises where the above practice(s) will take place** | | | | | |
| Name of Business | | | | | |
| Address: | | | | | |
| Postcode: |  | | | | |
| Telephone number: |  | | | | |
| Contact name (Owner / Manager): |  | | | | |
| **Part 4 – Legal considerations** | | | | | |
| Have you been convicted within the last 5 years of carrying on the practice or business, which is the subject of our application, without being registered by a Local Authority under the provisions of the Local Government (Miscellaneous Provisions) Act 1982? | | Yes | □ | No | □ |
| Have you ever had a registration under the Local Government (Miscellaneous Provisions) Act 1982 suspended or cancelled by an Order of the Court? | | Yes | □ | No | □ |
| **Part 5 – Fee & methods of payment** | | | | | |
| **Fee**  Please refer to St Helens Council website for details of the byelaws and fees and charges | | | | | |
| **Methods of Payment**  1.. **By cheque** made payable to St Helens Council   1. **By bank card** call 01744 676789 to make payment.   **Please note St Helens Council does not accept cash payments.** | | | | | |

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| **Part 6 - Declaration** | |
| I am aware of the provisions of the Local Government (Miscellaneous Provisions) Act 1982: Part VIII. The details in the application form are correct to the best of my knowledge and belief. | |
| Signed |  |
| Full Name (please print) |  |
| Position in business |  |
| Date |  |

Please note St Helens Council is under a duty to protect the public funds it administers and to this end may use the information you have provided 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.

Please return completed form together with any additional information and fee (if cheque):

St Helens Council

Environmental Health

Wesley House

Corporation Street

St Helens

WA101HE

Telephone: 01744 676789 Email: [environmentalhealth@sthelens.gov.uk](mailto:environmentalhealth@sthelens.gov.uk)

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| **NOTES** | |
| 1. | One application form must be completed by each individual person engaged in the practice of acupuncture or the business of tattooing, ear piercing, or electrolysis. |
| 2. | Registrations remain valid as long the premises is used for the practice of acupuncture, tattooing, ear piercing, or electrolysis, however once registered you must inform us of any changes to the details provided. |
| 3. | The registration is only valid for the address given on the registration and is not transferable. |