



**Local Government (Miscellaneous Provisions) Act 1982 Part VIII
as amended by the Local Government Act 2003**

Application for the registration to carry out skin piercing

Person to be registered

| | | | |
|--|-------------------------------|--------------------------|--------------|
| Title | | | |
| Name | | | |
| Home address (including postcode) | | | |
| Telephone | | | |
| Email | | | |
| Please tick type(s) of activity to be carried out: | Tattooing | <input type="checkbox"/> | Electrolysis |
| | Cosmetic Piercing | <input type="checkbox"/> | Acupuncture |
| | Semi-Permanent Skin-Colouring | <input type="checkbox"/> | |
| Date of commencement of work at the below business | | | |
| Have you been registered before? (if yes, please give details) | | | |
| Have you ever been convicted of an offence under Section 16 of the Local Government (Miscellaneous Provisions) Act 1982? | | | |
| Employment status (e.g. self-employed/employee) | | | |

Business details to be registered

| | |
|--|--|
| Trading name | |
| Address (including postcode) | |
| Telephone number | |
| Website | |
| Business e-mail address | |
| If the business is a Limited Company, please give name and registered office address | |

Fees

| Payment Method | Please tick |
|---|-------------|
| Pay by Debit or Credit Card contact ☎ 01202 454876 <ul style="list-style-type: none">A £2.50 admin charge is applied to credit card payments. | |
| I enclose my cheque for £100.00. Cheques – payable to: Bournemouth Borough Council. | |

Offences and penalties

It is an offence to carry on the *business* of tattooing, cosmetic body piercing, electrolysis or semi-permanent skin colouring without first registering with the Council. It is an offence to carry on the *practice* of acupuncture without first registering with the Council. If you move to a new business, you must re-register your details by making a new application. The maximum penalty on summary conviction is a fine of £1000.00

Declaration

I DECLARE:

Please tick

that I have read and understood the requirements of Registration;

I understand that I must inform the Licensing Authority of any changes;

that I have read, understood and will comply with the skin piercing byelaws; and

that the answers given are correct to the best of my knowledge and belief.

| | |
|-----------|--|
| Signed: | |
| Position: | |
| Dated: | |

Please return the completed application form together with the registration fee to:

Email: foodandhealthandsafety@bournemouth.gov.uk

Postal: Development Services, Health & Safety Team, Town Hall Annex, St Stephens Road, Bournemouth, BH2 6DY.