



Application for Registration to carry on:		ACUPUNCTURE TATTOOING SEMI-PERMANENT SKIN COLOURING COSMETIC PIERCING EAR PIERCING ELECTROLYSIS
		I am applying for a <b>PREMISES</b> or <b>OPERATOR</b> registration <i>(Please delete as appropriate)</i>
1	At the following premises (list all):	
2	Name of Applicant(s) in full:	
3	Address and Telephone Number of Applicant(s):	
4	Description of Premises	Including number of rooms:
		Types of fittings and equipment:
5	What training have you received?	
6	How long have you been involved in skin piercing?	
7	Are you registered for these purposes with any other Local Authority? If so, please state the name of the Local Authority	YES <input type="checkbox"/> NO <input type="checkbox"/>
8	Have you ever been convicted of an offence under section 16 of the Local Government (Miscellaneous Provisions) Act 1982? (i.e. failure to register under section 14 or 15 of the said Act and/or failure to comply with any local authority byelaws relating to acupuncture, tattooing, cosmetic piercing, electrolysis or semi-permanent skin colouring) If yes, provide details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
A FEE of £ ..... accompanies this application (cheques should be made payable to Havant Borough Council) Electronic photograph emailed to <a href="mailto:ehcommercial@havant.gov.uk">ehcommercial@havant.gov.uk</a> Yes / No – appointment made with Duty Officer		
Signature:		Date:
Full Name (please print):		
<b>For office use only:</b>		
Entered in Register on (date):		Photo Received
Certificate of Registration issued (No.)	Date	
Please return this completed form to Environmental Health, Havant Borough Council, Public Service Plaza, Civic Centre Road, Havant, Hampshire PO9 2AX		