



Application for a practitioner

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982 (as amended)

Application for Registration of a practitioner to carry on the business of Acupuncture, Tattooing, Semi-permanent skin-colouring, Cosmetic piercing or Electrolysis

To

I/WE HEREBY MAKE APPLICATION (**delete as applicable**) under the provisions of the above Act for registration to carry on the business of **please tick**

Acupuncture	<input type="checkbox"/>
Tattooing	<input type="checkbox"/>
Semi-permanent skin-colouring	<input type="checkbox"/>
Cosmetic Piercing	<input type="checkbox"/>
Electrolysis	<input type="checkbox"/>

PARTICULARS

1 Name(s) of Applicant(s) (in full)	
2 Address(es) of Applicant(s) (i.e. usual place(s) of residence or, in the case of a company or firm, the registered or principal office), contact phone number and e-mail address.	
3 Address of registered premises from which applicant will operate.	
4 Have you previously been registered in the respect in any other district or premises? Please give details.	

5 Have you ever been convicted of any offence under the Act? If so, give details	
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The fee must be paid via debit / credit card by calling 01268 882200, For details of the current fee, please refer to our website <https://www.castlepoint.gov.uk/environmentalhealth>

Date _____

Signed _____

[on behalf of] _____

This authority 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 this form to:

**Environmental Health
Castle Point Borough Council
Council Offices
Kiln Road
Thundersley
Benfleet
Essex
SS7 1TF**

Or

eh@castlepoint.gov.uk