



**Premise Application (including one practitioner)**

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

Application for Registration of a premises (including one practitioner) to carry on the business of Acupuncture, Tattooing, Semi-permanent skin-colouring, Cosmetic piercing 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

Tattooing

Semi-permanent skin-colouring

Cosmetic Piercing

Electrolysis


**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 premises required to be registered	
4 Description of premises, including number of rooms, and particulars or arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments. (attach separate schedule if necessary)	

5 Have you previously been registered in this respect in any other district? If so, which?	
6 Have you ever been convicted of any offence under the Act? If so, give details	

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](mailto:eh@castlepoint.gov.uk)**