

## Personal Registration Application

### LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

APPLICATION FOR REGISTRATION OF PERSONS CONCERNED WITH ACUPUNCTURE\*, TATTOOING,  
COSMETIC PIERCING, SEMI-PERMANENT SKIN COLOURING AND ELECTROLYSIS

#### APPLICANT DETAILS

Full Name:	
Full Postal Address:	
Telephone Number:	
Mobile Number (optional):	
Email address:	

#### DETAILS OF REGISTERED PREMISES WHERE APPLICANT INTENDS TO PRACTICE

Trading Name:	
Full Address:	
Telephone Number:	

#### NATURE OF ACTIVITY FOR WHICH REGISTRATION IS REQUIRED

Acupuncture	YES / NO
Dry Needling	YES / NO
Tattooing	YES / NO
Semi-permanent skin colouring	YES / NO
Electrolysis	YES / NO
Ear Piercing	YES / NO
Body Piercing	YES / NO

#### FURTHER INFORMATION

Have you previously been registered in this respect in any other district?	YES / NO
If YES, give details:	

Have you ever been convicted of any offence under the	YES / NO
Act? If YES, give details:	
<b>DECLARATIONS</b>	
<p>1. I have enclosed full payment, the sum of £  <b>(please refer to Wiltshire Council current fees and charges)</b></p> <p>2. I understand that my application will not be accepted until full payment has been received.</p> <p>3. I acknowledge that full payment must be made within 28 days of submission.</p> <p>4. I acknowledge that payment is non-refundable should I withdraw my application.</p> <p>You will be contacted within 14 days to make payment or you can call 0300 456 0107</p>	
<p>I do hereby certify that to the best of my knowledge and belief the above particulars are true</p> <p><b>Signed:</b> .....<b>Print Name:</b> .....</p> <p><b>Dated:</b> .....</p>	

Please return form by post to:

Public Protection, County Hall, Bythesea Road, Trowbridge BA14 8JN

Or email to:

[publicprotectionwest@wiltshire.gov.uk](mailto:publicprotectionwest@wiltshire.gov.uk)