

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

TATTOOING, EAR PIERCING AND ELECTROLYSIS – PREMISES REGISTRATION

APPLICATION under the provisions of the above Act for registration of a premises

<p>1. Application to register a premises to carry out the business of (please tick all that apply):</p> <p>Tattooing <input type="checkbox"/> Ear-piercing <input type="checkbox"/> Electrolysis <input type="checkbox"/></p>
<p>1. Applicant(s) details (see notes overleaf): Name: _____</p> <p>Address: _____</p> <p style="text-align: right;">Post code: _____</p>
<p>In the case of sole traders, partners or self-employed persons:</p> <p>Date of Birth: _____ Place of birth: _____</p> <p style="text-align: center; font-size: small;">FOR PARTNERSHIPS PLEASE ATTACH SEPARATE SHEET WITH OTHER PARTNERS DETAILS</p>
<p>Telephone number: _____ e-mail address: _____</p> <p>Are you (please tick):</p> <p>Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> (company number¹: _____)</p>
<p>2. Address of premises to be registered:</p> <p>_____</p> <p style="text-align: right;">Post Code: _____</p>
<p>3. Description of premises:</p> <p>(i) No. of rooms: <input type="checkbox"/> (ii) No. of wash hand basins: <input type="checkbox"/></p> <p>(iii) wall/floor surfaces (e.g. tiled/lino/brick): _____</p> <p>(iv) arrangements for cleaning premises, fittings and equipment and sterilisation of instruments:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>4. Have you previously operated premises registered for this purpose in any other district? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details: _____</p>
<p>5. Have you ever been convicted of any offence under the Local Government (Miscellaneous Provisions) Act 1982? (please tick) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, give details: _____</p>

A fee of **£ 205** must accompany this application (Fee valid 1/4/2019).

<p> If you paid by phone enter reference number here: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p> Payment card holder name (where different to applicant name: _____)</p>

Signed: _____ Date: _____

Print name _____ Status: _____

Please return completed forms to:
 RUNNYMEDE BOROUGH COUNCIL, CIVIC CENTRE, STATION ROAD, ADDLESTONE, SURREY, KT15 2AH

¹ Company number registered with companies house (where applicable)

Notes

Applicant(s) details

Please give the usual place(s) of residence for a sole trader or self-employed person. In the case of a limited company, or partnership the registered or principal office.

Please attach separate sheet if necessary.

Names of persons who will be carrying out treatments

Provide names of those who will be carrying out treatments and any relevant qualifications and experience (*attach separate list if necessary*).

Please attach copies of relevant qualifications.

Payment options

You can pay by:

- Cheque (cheques payable to 'Runnymede Borough Council')
 - Credit or debit card by phone. Please call ☎ 01932 838383, Select option 4. Upon completion of payment you will be provided with an authorisation number which you will need to provide in the boxes on the front of this form.
 - Credit, debit card or cash in person at self-service kiosk at Runnymede Civic Centre, Station Road Addlestone, Surrey, KT15 2AH (you will need to provide a copy of your receipt with this form)
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If you have any questions when completing this form please call 01932 838383 or email environmentalhealth@runnymede.gov.uk