

## Local Government (Miscellaneous Provisions) Act 1982

Application for Registration to carry on the practice of [Acupuncture]  
business of [Tattooing] [Ear-Piercing] [Electrolysis] [Cosmetic Piercing]  
[Semi-permanent Make-up]

Please complete the form below.

1.	Registration Required for. (Specify treatment)	
2.	Name(s) of Applicant(s) (in full)	
3.	Address(es) of Applicant(s) (ie usual place(s) of residence or, in the case of a company or firm, the registered or principal office)	
4.	Telephone number and email address of Applicant	
5.	Address of premises required to be registered.	
6.	Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments	
7.	Have you previously been registered in this respect in any other Council's area? If so, which?	Yes / No
8.	Have you ever been convicted of any offence under the Act? If so, give details	Yes / No

Date:..... Signed:.....

Print Name:.....

Position Held:.....

Please return the form to:  
Email: [health.safety@flintshire.gov.uk](mailto:health.safety@flintshire.gov.uk)  
Health & Safety Enforcement, Community & Business Protection, Environment Directorate,  
County Hall, Mold, Flintshire. CH7 6NB

Tel 01352 703440