# Mid Devon District Council

# Application for a licence to carry out acupuncture, tattooing, piercing and/or electrolysis

**Local Government (Miscellaneous Provisions) Act 1982**

## Applicant details

**Full Name:** …………………………………………………………………………………………………..…………..…………… (Capitals) **Email:** ……………..………………………………………………………………………………………………………………..…………………...… **Telephone number:** ………………………………….……..……….… **Mobile:** …………………………………………..…………...……. **Address:** ………………………………………………………………………………….…………………………………..…………………..…………

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## Applicant business

(skip if applying as an individual)

**Registration Number:** ………………………………………………………………………..……………………………….………………..

**Vat Number if registered:** ………………………………………………………….…………………………………..……………..……….

**Legal Status: (circle)** Private Limited Company / Public Limited Company / Sole Trader

Partnership / Public Body / Charity or Association

**Business name:** ……………………………………………………………………………………………………………….…………………….......….……

**Registered business address:** ……………………………………………………………………..…….………………….…….……..……….………

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**Telephone number:** …………………………………….………………… **Mobile:** …………….……………………………….………..…..………

## Directors / Partners (if relevant)

Please give details of all directors or partners

**(1) Full Name:** …………..………………………………………………………………………..……………………….…………………………….. **Telephone number:** ………………………………..………….……..… **Mobile:** ………………………………….…………………….……. **Address:** …………………………………………….………………………………………….……………..………………….……………………………………

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**(2) Full Name:** …………………………………………………………………………………………..…………………….……………………….. **Telephone number:** ………………………………..……..…………..… **Mobile:** ………………………………………..…………….……. **Address:** ……………………………………………………….….………………………………………….………………………………………………………

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## Practitioners

Please give details of all practitioners. NOTE: The application fee includes the registration of ONE practitioner. Each additional new registration will be an additional fee.

**(1) Full Name:** ……………………………………………………………………………………………..………………..…………………………… **Telephone number:** …………………………………….………….… **Mobile:** …………………………………………………………..……. **Address:** ………………………………….………………………………………….………………………………..…………….………………………...........

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**Have you ever been registered to practice with another local authority? (Circle)** Yes / No

**If yes, what was the name of the authority?** …………………………………………………………………………………………….……………

**( 2 ) Full Name:** ………………………………………………………………………………………………………..…………………………………… **Telephone number:** …………………………………….……….….… **Mobile:** …………………………………………………………..…… **Address:** ………………………………………….………………………………………….………………………..……….……………………………………….

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**Relevant qualifications:** ………………………………………………..…………………………………………………………………………….……..… **Membership of professional organisations:** ………………………………………………………………………………………………….……….

 **Have you ever been registered to practice with another local authority? (Circle)** Yes / No

 **If yes, what was the name of the authority?** ………………………………………………………………………………………….…………….

**( 3 ) Full Name:** …………………………………..…………………………………………………………………..…………………………………… **Telephone number:** …………………….………………..………….… **Mobile:** ………………..………………………………………..…… **Address:** ……………………………….…………….……….………………………………………….…………………………………………………………….

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**Membership of professional organisations:** …………………………….……..……………………………………………………………….…….

 **Have you ever been registered to practice with another local authority? (Circle)** Yes / No

 **If yes, what was the name of the authority?** …………………………………………………………………………………………….……………

## Details of premises

**Name of premises / trading name:** ………………………………………………….………………………………..………………..……..… **Address:** ……………………………………………………………………………………………………………………………..……………….………….……. **Postcode:** ………………….………………………………… **Email:** ………………………………….……….……………..………………..……………… **Telephone number:** ……………………………………..…………………… **Mobile:** ……………………………...………………..……………….

## Describe the premises, giving details of treatment rooms, other rooms used for the business and the facilities provided:

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## Describe the Provision for cleaning the premises, fittings and equipment and sterilisation of instruments:

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## Describe the provision for disposal of waste, used materials, needles, etc.

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## If you have had an (acupuncture / tattooing / piercing / electrolysis) licence before, please give the name of the local authority:

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## If you or any partners, directors or practitioners have ever had an application to any local authority for the grant or renewal of a skin piercing registration refused, or had a licence revoked or suspended, please give full details including date, local authority, the decision and the reason for the decision:

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## Opening Hours

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| --- | --- | --- |
| **Day Of Week** | **Opening Time** | **Closing Time** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |

**Declaration**

I have checked the answers given in this application and to the best of my knowledge and belief they are correct.

I have read and understood the conditions / byelaws that will be attached to the registration.

I understand that Information disclosed on this form may be revealed to other agencies and bodies for the purpose of preventing or detecting crimes.

Signed: ………………….……….……. Date: ………………………..………. Capacity: ……………………………………………….………….

## Each additional Director / Partner must also sign below (if relevant):

Signed: ………………….……….……. Date: ………………………..………. Capacity: ……………………………………………………… Signed: ………………….……….……. Date: ………………………..………. Capacity: ……………………………………………………