

**Application for the Registration of the Practice of  
Acupuncture, Ear-Piercing, Electrolysis and/or  
Tattooing**



**Bromsgrove**  
District Council  
[www.bromsgrove.gov.uk](http://www.bromsgrove.gov.uk)

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

I hereby make application under the provisions of the above Act for the registration of a  
Practitioner  Premises  Practitioner and Premises

carrying on the practice(s) of (indicate as required)

Acupuncture  Tattooing  Ear-Piercing  Electrolysis

<b>Applicant Details</b>
Name
Address
Date of Birth
Contact Telephone Number

<b>Premises at which the practices are to be carried on</b>
Name or Trading Name of Premises
Address of premises to be registered and at which the establishment is carried on or proposed to be carried on
The Nature of the Establishment
Description of premises, including number of rooms and particulars of arrangements for cleansing of premises; fittings and equipment and sterilisation of instruments. (attach separate schedule if necessary)

**Qualifications and Applicant History**

Give details of technical qualifications, training courses, diplomas, experience etc, of the applicant for the carrying on of that business. (Evidence of qualifications must be submitted in respect of new applicants).

Have you previously been registered in this respect in any other district? If so which?

YES/NO

**Convictions**

Have you ever been convicted of any offence under the Act? If so, give details.

YES/NO

Please quote details of any convictions or charges outstanding in respect of all offences (or alleged offences). If you disclose a conviction which is regarded as 'spent' under the Rehabilitation of Offenders Act, 1974, it will be ignored. If you have nothing to declare please write in 'NONE'. Continue on a separate sheet if required.

Date	Court	Offence	Sentence

Have you been involved in any incident which may lead to Court proceedings being taken against you? If so, please supply full details.

**Declaration**

I certify that the above answers are true and understand that if there are any omissions or false statements my application may be refused or, if a licence has been issued, it will be liable to immediate suspension or revocation.  
(In the case of an association, society, company or other body the signature of the managing director secretary or other responsible officer is required and should be accompanied by the position held)

Applicant Signature

Date

Please return your completed form with the fee (made payable to Bromsgrove District Council) and any relevant supporting documents to either:

**Licensing  
Bromsgrove District Council  
Parkside  
Market Street  
Bromsgrove  
Worcestershire  
B61 8DA**

**Worcestershire Regulatory Services  
Wyre Forest House  
Finepoint Way  
Kidderminster  
Worcestershire  
DY10 1NW  
Email: [wrsenquiries@worcsregservices.gov.uk](mailto:wrsenquiries@worcsregservices.gov.uk)  
Telephone: 01905 822799**