

**Application for personal and or premises registration to carry out Acupuncture, Cosmetic Piercing, Electrolysis, Semi-Permanent Skin-Colouring and Tattooing**



Part VIII Local Government (Miscellaneous Provisions) Act 1982 as amended by Section 120 and Schedule 6 Local Government Act 2003

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Please send completed applications with any copy documents and the appropriate fee(s) to:- **Wigan Council, Licensing Section, Town Hall, Library Street, Wigan, WN1 1YN**

**Please Note:** If you have any questions about the application processes please contact the Licensing Section on (01942 404627) or by e-mail at [licensing@wigan.gov.uk](mailto:licensing@wigan.gov.uk). If however you have technical questions or need advice on how to set up a business please contact the Business Compliance Section on (01942 827495) or by e-mail at [comm@wigan.gov.uk](mailto:comm@wigan.gov.uk).

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**Please complete the application in full using block capitals and in black ink.**

I / we make application to Wigan Council for registration under Part VIII of the Local Government (Miscellaneous Provisions) Act 1982 as amended by Section 120 and Schedule 6 Local Government Act 2003.

In making this application, I / we understand that if for the purpose of obtaining such Registration I / we make any false statement or omit any material particular, I / we shall be guilty of an offence and liable to prosecution. *(delete as appropriate)*

**This application is for:** - *(Please ✓ the appropriate box)*

Personal

Premises

Both

Please indicate the procedures you wish to carry out under the registration by placing a ✓ in the relevant box(s): -

Acupuncture       Cosmetic Piercing       Electrolysis

Tattooing       Semi Permanent Skin Colouring

**A 1<sup>st</sup> Applicant's Details:**

Are you also applying for personal registration YES/NO\* (\*delete as appropriate).

1	Title (✓ box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
2	Surname	<input type="text"/>
3	Forename(s)	<input type="text"/>
4	Home address	<input type="text"/>
5	Town	<input type="text"/>
6	Postcode	<input type="text"/>
7	Telephone Number	<input type="text"/>
8	Email	<input type="text"/>
9	Date of Birth	<input type="text"/>

**B 2<sup>nd</sup> Applicant's Details (if any):**

Are you also applying for personal registration YES/NO\* (\*delete as appropriate).

1	Title (✓ box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
2	Surname	<input type="text"/>
3	Forename(s)	<input type="text"/>
4	Home address	<input type="text"/>
5	Town	<input type="text"/>
6	Postcode	<input type="text"/>
7	Telephone Number	<input type="text"/>
8	Email	<input type="text"/>
9	Date of Birth	<input type="text"/>

C Applicant's details if a body corporate:	
	Name of company <input type="text"/>
2	Registered address <input type="text"/>
3	Town <input type="text"/>
4	Postcode <input type="text"/>
5	Telephone number <input type="text"/>
6	Company registration number <input type="text"/>
7	Email address <input type="text"/>

Give brief details of qualifications to provide treatment or of previous experience in carrying out the procedure listed. (copies of all certificates must accompany this application)

If you visit persons to carry out procedures other than on premises registered with the Council give details of arrangements for the cleaning and sterilisation of instruments. (use a separate sheet if necessary)

Have you ever suffered from any notifiable infectious disease? If "Yes" give details below

Yes

No

Have you ever been convicted of an offence under Section 16 Local Government (Miscellaneous Provisions) Act 1982? These are: carrying on the practice of Acupuncture, Cosmetic Piercing, Electrolysis, Semi-Permanent Skin-Colouring or Tattooing without being registered with the Council to do so. Or doing so in any premises which are not registered with the Council or breach of any Bylaws. If "Yes" give details below:

Yes  No

D	Please give details of the premises you wish to register or at which you will carry on business:	
1	Trading Name (if any)	<input type="text"/>
2	address	<input type="text"/>
3	Town	<input type="text"/>
4	Postcode	<input type="text"/>
5	Telephone number	<input type="text"/>
6	Email address	<input type="text"/>

**Important Please Read**

Notice of your application together with your name address and contact telephone number will be given to the Council's Business Compliance Service Manager in order that arrangements can be made for an officer of the Council to visit you to give advice on health and safety issues in respect of your application.

**Caution**

You are warned that the making of an untrue statement for the purposes of registration is an offence.

I / We declare that I / we have checked the information given in this application form and it is correct to the best of my / our knowledge and belief. *(delete as appropriate)*

\*If signing on behalf of a Company or partnership state in what capacity.

Signed .....

Print Name .....

Date .....

Position .....

Signed .....

Print Name .....

Date .....

Position .....