

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982
REGISTRATION OF OPERATORS
TO CARRY ON THE PRACTICE OF ACUPUNCTURE, TATTOOING,
EAR PIERCING OR ELECTROLYSIS



To: Woking Borough Council, Environmental Health Service, Civic Offices, Gloucester Square, Woking, Surrey GU21 6YL

Please complete a separate form for each operator to be registered.

I/We hereby make an application under the provisions of the above Act to carry out the following activities:

- Electrolysis
 Ear piercing
 Acupuncture
 Tattooing
 (Please tick all those that apply)

Name of Applicant (in full):	
Address of Applicant (i.e. usual place of residence or, in the case of a company or firm, the registered or principal office):	
Address of premises at which practice or business will be carried out (if different from 2):	
Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments: <i>(attach separate schedule if necessary)</i>	
Have you previously been registered in this respect in any other district? If so, which?	Yes/No
Have you ever been convicted of any offence under the Act? If so, give details.	Yes/No

Please provide your email address if you would like to be notified of the outcome of your application by email (as well as receiving a paper copy of the licence if your application is successful)? _____

A fee of £ _____ accompanies this application

Signed: _____ Date: _____

Print Name: _____ Position: _____

Payment			
You can pay the licence fee by enclosing a cheque made payable to Woking Borough Council or by supplying your card details below.			
Card number			
Expiry date		Issue number (if applicable)	
Cardholder's name (as shown on the card)			
Cardholder's statement address (including postcode)	----- -----		
Daytime telephone number (not a mobile)			
Authorised amount	£	Is a receipt required?	Yes .. No ..
Cardholder's signature			

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