



**ENVIRONMENTAL HEALTH SERVICE**

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

Application for Registration of a **PERSON** to carry on the [Practice of Acupuncture] [Business of (Tattooing) (Cosmetic Piercing) (Electrolysis) (Semi-permanent Skin Colouring)]

To: Head of Environmental Health  
Environmental Health Service,  
Ebley Mill, Westward Road,  
Stroud, Glos, GL5 4UB.

Telephone:- 01453 766321

**I/WE HEREBY MAKE APPLICATION** under the provisions of the above Act for registration to carry on the [Practice of Acupuncture] [Business of (Tattooing) (Cosmetic Piercing) (Electrolysis) (Semi-permanent Skin Colouring)] at the premises detailed below:-

**(DELETE ANY WORDS IN BRACKETS WHICH DO NOT APPLY)**

If you intend to carry out more than one of the activities listed above only one fee will be charged.

**PARTICULARS**

1.	Name of Applicant (in full)	
2.	Home address of Applicant	
3.	Day time telephone number	
4.	Name and address of premises at which you intend to practice (if more than one, list premises)	
5.	Have you previously been registered in this respect in any other district? If so, which?	YES / NO
6.	Have you ever been convicted of any offence under the Act? If so, give details	YES / NO

A fee of £ \_\_\_\_\_ accompanies this application.

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

[on behalf of].....

This Authority is under duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

<p><i>Serial No:</i> .....</p> <p><i>Considered:</i> .....</p> <p><i>Registered:</i> .....</p> <p><i>Licence No:</i> .....</p>	<p>Please return this form duly completed to:</p> <p><b>STROUD DISTRICT COUNCIL ENVIRONMENTAL HEALTH SERVICE EBLEY MILL, WESTWARD ROAD STROUD, GLOS, GL5 4UB</b></p>	<p><u>FOR OFFICE USE ONLY</u></p> <p>Date of Inspection .....</p> <p>Inspecting Officer .....</p> <p><u>RECOMMENDATIONS</u></p> <p>-----</p> <p>Amount Rec'd .....</p> <p>Date Rec'd .....</p> <p>Initials .....</p> <p>Cost Centre/A/c K36 3024 K802</p> <p>Receipt No .....</p> <p>Date Issued .....</p>
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