

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

APPLICATION FOR REGISTRATION TO CARRY ON ONE OR MORE OF THE FOLLOWING PRACTICES:

- ACUPUNCTURE
- TATTOOING
- EAR PIERCING
- ELECTROLYSIS

This application form must be completed in full and legibly.

GUIDANCE: You must register both yourself and your premises with the local council.

RESTRICTIONS: You can only work in the area where you're licensed. You must follow any local byelaws relating to staff hygiene and the safety and cleanliness of your premises, furniture and equipment. Your premises will usually be inspected before you get your licence.

HOW TO APPLY: You must provide details about yourself and your premises, as well as pay a one-off registration fee. The fee for personal registration is £97.00, and the fee to premises registration is £147.00. If approved, you will get a Certificate of Registration. Registration lasts as long as you intend to work in the area.

DISPLAYING YOUR REGISTRATION CERTIFICATE: You must display a copy of your Registration Certificate and any byelaws in a prominent place on your premises. If you fail to do so you could be fined.

For which of the following practices are you applying for registration (please tick the box or boxes which are applicable):

Acupuncture

Tattooing

Ear Piercing

Electrolysis

For which type of registration(s) are you applying (please tick the box or boxes that are applicable):

Person

Premises

APPLICANT DETAILS FOR REGISTRATION:

FULL NAME: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

_____ **POSTCODE:** _____

HOME TEL. NO.: _____

MOBILE TEL. NO.: _____

EMAIL: ADDRESS: _____

HAVE YOU PREVIOUSLY BEEN REGISTERED FOR ANY OF THESE PRACTICES IN ANY OTHER DISTRICT:

YES

NO

If you have "ticked" yes; please provide details below:

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE UNDER THE 1982 ACT?

YES

NO

If you have "ticked" yes; please provide details below:

PREMISES DETAILS FOR REGISTRATION:

COMPANY NAME: _____

ADDRESS: _____

_____ **POSTCODE:** _____

TELEPHONE NO.: _____

IS PLANNING PERMISSION REQUIRED IN ORDER FOR YOU TO CARRY ON YOUR BUSINESS FROM THESE PREMISES:

YES

NO

Please provide evidence (below) detailing that you either hold the necessary planning permission required, or that planning permission is not required:

PLEASE STATE THE NUMBER OF ROOMS AT THE PREMISES, AND WHAT ARRANGEMENTS ARE IN PLACE FOR THE CLEANSING OF PREMISES, FITTINGS & EQUIPMENT, STERILISATION OF INSTRUMENTS (please provide details below):

Upon signing the declaration on the following page, please send your completed application to:

The Licensing Authority, Ashfield District Council, Council Offices, Urban Road, Kirkby-in-Ashfield, Nottinghamshire, NG17 8DA.

Ashfield District Council no longer accepts payment by cash or cheque, therefore upon receipt of your completed application, a member of staff will contact you to assist you to make your payment by debit / credit card by telephone.



General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.

Under the GDPR and DPA, Ashfield District Council, Urban Road, Kirkby in Ashfield, Nottingham. NG17 8DA is a Data Controller for the information it holds about you. The Council will hold the information above provided by you for assessing your application. The lawful basis under which the Council uses personal data for this purpose is Public Task.

The information provided by you includes the following special categories of personal data:

- **Physical or Mental Health**
- **Genetic / Biometric data**
- **Criminal History (including motoring offences)**

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.

Your data will be held for a period of 6 years. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council's Privacy Statement: www.ashfield.gov.uk/privacy

If you have any concerns or questions about how your personal data is processed, please contact the Council's Data Protection Officer at the address at the bottom of this form or by email to dpo@ashfield.gov.uk.

If you are dissatisfied with the Council's response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745.

Declaration

I, the undersigned, hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this application I shall be committing an offence and will be liable for prosecution.

I confirm I have read the General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice above.

Signature of Applicant: _____ **Date:** _____