



**APPLICATION FOR REGISTRATION  
Local Government (Miscellaneous Provisions) Act 1982**

Acupuncture     Tattooing     Ear-Piercing     Electrolysis     Cosmetic Piercing

1. Name (Block Capitals)

Address

Daytime Telephone Number

2. Address of premises at which practice or business will be carried on (if different from 1.)

3. Name, address and occupations of any persons who will be engaged in the practice or business\*\*

4. Have you or, to the best of your knowledge, any persons who will be engaged in your practice or business:-

|     |   |   |
|-----|---|---|
| (a) | Been convicted within the previous five years of carrying on the practice or business which is the subject of your application without being registered by a local authority under this Act.              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| (b) | Been convicted within the previous five years of carrying on the practice or business which is the subject of your application in premises which were not registered by a local authority under this Act. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| (c) | Had a registration under this Act suspended or cancelled by order of a court.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

Signature of Applicant ..... Date .....

|   |   |
|---|---|
| Approved for Registration<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Inspecting Officer .....<br><br>Date Inspected: ..... |
|---|---|

**REGISTRATION FEES**

Per Business Premises                      £86  
 Per Individual Operator                      £86

(**Note:** If the owner of the business is also an operator then one fee covers both plus of course a fee for each additional operator).

**Cheques should be made payable to Shropshire Council, and returned together with completed form to:**

Licensing Department  
 Shropshire Council  
 Shirehall  
 Abbey Foregate  
 Shrewsbury  
 SY2 6ND