



**CHELTENHAM**  
BOROUGH COUNCIL

CHELTENHAM BOROUGH COUNCIL  
MUNICIPAL OFFICES  
PROMENADE  
CHELTENHAM  
GLOUCESTERSHIRE GL50 9SA

Tel: 01242 264135  
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## Personal Variation of Registration Details

**SR:**  
**BDYPRE**

### Local Government (Miscellaneous Provisions) Act 1982 Application for Personal Registration

To carry on the practice of acupuncture and the business of tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis

**Application Details** \* required fields (use separate sheets referenced as necessary) \* delete as required

1. * <b>State reason for variation</b> (indicating area of full change below):	
2. * <b>Personal Registered for: Practice of:</b> <input type="checkbox"/> Acupuncture or <b>Business of:</b> <input type="checkbox"/> Tattooing <input type="checkbox"/> Semi-Permanent Skin-Colouring <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Cosmetic Piercing <input type="checkbox"/> Electrolysis.	
2. * <b>Registration number:</b>	
2. * <b>Name on register:</b>	
3. * <b>Full postal address</b> including postcode (in the case of a company please give registered or principal office)	
4. * <b>Daytime telephone number</b> (mobile number requested)	
5. E-mail address:	
5a. * <b>Work Location(s) Name / Address of Registered Premises, including postcode and location within premises (where applicable):</b>	
5b. Premises Contact Name and Position	
5c. * <b>Telephone number of Work Location (s):</b>	
6. Are you or the premises business registered with any other Council?	Yes/No If yes please give details:
7. * <b>Have you ever been convicted of any offence under the Act?</b>	Yes/No If yes please give details on separate sheet

\*I/We hereby make application for variation under the provisions of the above Act for registration of the above defined practice(s) \*and enclose the sum of £ . (N.B changes to your personal address details only do not require a fee.)

Please tick to confirm consent for your registration details to be published on our website

Signed:.....

Date:.....

Print Name: ..... On behalf of:.....