



CHEL TENHAM BOROUGH COUNCIL  
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**CHELTENHAM**  
BOROUGH COUNCIL

# Premises Registration

**SR:**  
**BDYPRE**

## Local Government (Miscellaneous Provisions) Act 1982 Application for Premises 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 under the legislation (use separate sheets referenced as necessary)

<b>1. * Indicate what the premises application is for: (Tick as appropriate)</b>	<b>Practice of:</b> <input type="checkbox"/> Acupuncture <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.
<b>2a. * Applicant(s) full names(s):</b> (to go on registration certificate)	
2b. Contact name: (if different to above):	
<b>3. * Date and Place of Birth</b> (or company registered number)	
<b>4. * Applicant(s) full address</b> including postcode: (in the case of a company please give registered or principal office)	
<b>5. * Applicant(s) daytime telephone number:</b> (mobile number requested)	
<b>6. * Applicant(s) e-mail address:</b>	
<b>7a. * Name of premises:</b> (to appear on register)	
<b>7b. * Address of premises to be registered, including postcode:</b>	
<b>7c. Location of room/s within premises</b> e.g. first floor front west room	
<b>7d. * Telephone number of premises:</b>	
7e. If you are not the person in control of the premises has consent to be gained?	
8. Web address of premises:	
9. Confirm hand wash basin in treatment room/s/areas or explain arrangement:	
10. Applicant registered with any other Council?	If yes please give details:
<b>11. * Applicant ever been convicted of any offence under Section 16(1) or (2) of the above Act?</b>	Yes/No If yes please give details on separate sheet

\*I/We hereby make application under the provisions of the above Act for registration of the above defined practice(s) (see1) and enclose the sum of £ .

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

Signed:.....

Date:.....

Print Name: ..... (Job Title).....On behalf of:.....

Cheltenham Borough Council provides the registration service to you. We will use your personal information to provide this service to you and will need to share your information with relevant service areas within the council and partner organisations to enable us to do this. For further information about how the council uses information it holds about you please visit: [https://www.cheltenham.gov.uk/info/81/how\\_we\\_use\\_your\\_data](https://www.cheltenham.gov.uk/info/81/how_we_use_your_data)