



**Application for registration for skin piercing  
Local Government (Miscellaneous Provisions) Act 1982**

---

Any individual wishing to carry out the activity of acupuncture, cosmetic piercing, electrolysis, semi-permanent skin colouring or tattooing within the district needs to be registered. Multiple registrations will need to be held if carrying out the activity in different local authorities. Likewise, any premises in the district where any of the above activities are being carried out needs to be registered and inspected by an officer.

Skin piercing activities cannot be carried out until registered and failure to comply with this is an offence. We aim to process applications within 28 days and certificates of registration should then be displayed prominently at the relevant premises when received.

An applicant knowingly or recklessly making a false statement, or omitting particulars when giving information, is guilty of an offence.

---

**Applicant Details**

I/we (*name*) .....

Of (*home address*) .....

.....

E-mail .....

Phone number .....

wish to register under the above Act

an individual (*complete page 2*) and/or  a premises (*complete page 3*)

to carry on the business of

- acupuncture
- cosmetic piercing
- electrolysis
- semi-permanent skin colouring
- tattooing

## Individual to be registered

[A registered medical practitioner may carry out or supervise any of the activities mentioned without needing to register with the local authority].

Full name:	
Home address:	
*Name and address of the premises you will be carrying out the activity(ies) at:	
Have you previously been registered for any of the above activities in any other district?	<i>If so, please name the district(s)</i>
Have you <u>ever</u> been convicted of <u>any</u> offence under the above Act?	<i>If so, please provide details</i>
Signature	
Date	

**\*please note the premises you will be undertaking skin piercing at must also be registered with the relevant local authority.**

Please see page 5 for the current fee and where to return your application to.

## Premises to be registered

Premises name and address:	
Phone number for the premises:	
Description of premises:	<i>Please provide a plan of the premises and label the relevant facilities. Please use space on page 4 for hand-drawn plans.</i>
Management of the premises:	<i>Please provide copies of the following documents for the premises:</i> <input type="checkbox"/> Client consent form <input type="checkbox"/> Client health declaration <input type="checkbox"/> Policy for checking clients' age <input type="checkbox"/> Aftercare advice sheet for clients
Have you <u>ever</u> been convicted of <u>any</u> offence under the above Act?	<i>If so, please provide details</i>
Signature	
Date	

Please see page 5 for the current fee and where to return your application to.

## **Premises to be registered – plan**

If you do not have an existing plan of the premises to submit with your application (showing the layout and labelling relevant facilities e.g. waiting area, sink, first aid kit) then please draw one below using a ruler.

It does not have to be to scale but should be neat and legible.

**Please return** this form alongside the current fee of £180\* per premises and/or £47\* per individual to:

Licensing  
West Lindsey District Council  
Marshall's Yard  
Gainsborough  
Lincolnshire  
DN21 2NA

[licensing@west-lindsey.gov.uk](mailto:licensing@west-lindsey.gov.uk)

\*Payment can be made by credit/debit card over the phone with customer services (01427 676676) or in person at the address above. If paying by cheque please make it payable to 'WLDC'. To pay by bank transfer please e-mail us to request the details.

**Privacy Notice:** We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice. This can be viewed using the following link: [www.west-lindsey.gov.uk/licensing-privacy/](http://www.west-lindsey.gov.uk/licensing-privacy/)

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see [www.west-lindsey.gov.uk/fairprocessingnotice](http://www.west-lindsey.gov.uk/fairprocessingnotice) or contact the finance department on 01427 676560 or [FinanceTeam@west-lindsey.gov.uk](mailto:FinanceTeam@west-lindsey.gov.uk)