



City of
Stoke-on-Trent

For Office Use: Flare Number

Application for Registration to Carry on the Practice of Cosmetic Piercing

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

I/WE HEREBY MAKE APPLICATION under the provisions of the above Act for registration to carry on

- the business of cosmetic piercing – body piercing
- the business of cosmetic piercing – ear piercing please tick ✓

at the premises detailed below:-

SECTION A – THE APPLICANT(S)

Full Name	Mr/Mrs/Miss/Ms											
Home Address												
						Postcode						
Tel				Mobile								

SECTION B – PREMISES REQUIRED TO BE REGISTERED

Trading Name												
Address												
						Postcode						
Tel				Email								

SECTION C – GIVE BRIEF DESCRIPTION OF TRAINING/ EXPERIENCE & DESCRIPTION OF PREMISES (INC. NUMBER OF ROOMS, PARTICULARS OF ARRANGEMENTS FOR CLEANING PREMISES, EQUIPMENT AND STERILISATION OF INSTRUMENTS). - use extra sheet if required

SECTION D – PREVIOUS REGISTRATION

Have you previously been registered in this respect in any other district? If so, which?
 Yes (Give details below) No

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SECTION E – PREVIOUS CONVICTION(S)

Have you ever been convicted of any offence under the Act? If so, give details - on extra sheet if required
 Yes (Give details below) No

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SECTION F – SIGNATURE

A fee of £ accompanies this application to: Stoke-on-Trent City Council, Public Health & Adult Social Care Directorate, Public Protection Division, Hanley Town Hall, Stoke-on-Trent, ST1 1QL.

Signature [on behalf of]						Date	d	d	m	m	y	y
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SECTION G – FOR OFFICE USE ONLY

Date Submitted	
Receipt Number	
Fee Paid	£
Cheque Number	