



**Application for Registration of an Operator for the practice of  
Tattooing, Acupuncture, Semi-permanent Skin Colouring,  
Electrolysis and Cosmetic piercing.**

**Application Details**

I/we apply for registration to practice, in accordance with section 14 or 15 of the Local Government (Miscellaneous Provisions) Act 1982 the following:

Tattooing       Acupuncture       Body-piercing       Electrolysis   
Semi-permanent Skin Colouring

**Premise Details where will practice**

Address of where the practice or business will be carried out:

Business telephone number:

e mail:

**Practitioner/ Operator Details**

Practitioner/Operator Name:

Address of Operator:

Contact telephone number:

e mail:

**Please turn over**

## History

Have you previously been registered in this respect in this or any other district? **Yes/No**  
If so, give details of registration:

Have you ever been convicted of any offence under the above Act (contravening the byelaws)?

**Yes/No**

If so, give details:

Have you ever had a registration suspended or cancelled by Order of a Court? **Yes/No**

## Training

Please provide details of any relevant training /qualifications:

Please read and complete the following declaration

**I declare that the answers to the above questions are to the best of my knowledge true and that if I knowingly or reckless make a false statement or omit relevant information I may be liable to prosecution.**

**Practitioner/Operator**

Print name

Signed

Dated

Please return the completed form with an electronic version of a colour photograph of the operator with the fee (see fees at [Tattooing and skin piercing licence - Uttlesford District Council](#))

Email to [licensing@uttlesford.gov.uk](mailto:licensing@uttlesford.gov.uk)