



**Application for Registration of a Person for the practice
of Tattooing**

Application Details

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

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? If so, give details of registration:	Yes/No
Have you ever been convicted of any offence under the above Act (contravening the byelaws)? If so, give details:	Yes/No
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:
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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 a fee as appropriate see charges below to Environmental Health Commercial Team, Uttlesford District Council, Council Offices, London Road, Saffron Walden, Essex, CB11 4ER.

**Additional operator at premise already registered for that treatment £41.00 (no VAT payable)
Other situations please contact the Commercial team at the above office tel 01799 510483.**