



WOKINGHAM
BOROUGH COUNCIL

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

APPLICATION FOR DERMAL REGISTRATION

To: Wokingham Borough Council

I/WE HEREBY MAKE APPLICATION under the provisions of the above act for registration to carry on: (the practice of acupuncture)
(The business of (tattooing) (semi-permanent skin colouring)
(ear-piercing) (electrolysis) (cosmetic piercing) * at the premises below:

* Delete any words in brackets which do not apply

PARTICULARS

1. Name(s) of Applicant(s) (in full)	
2. Address of Applicant(s) (i.e. usual place(s) of residence or, in the case of a company or firm, the registered or principal office)	
3. Address of premises required to be registered	
4. Contact telephone number	
5. Description of premises, including number of rooms, and particulars of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments (attach separate schedule if necessary)	
6. Have you previously been registered in this respect in any other district? If so, which?	
7. Have you ever been convicted of any offence under the Act? If so, give details	

SEND COMPLETED FORM TO:

Email: licensing@wokingham.gov.uk

Licensing, Wokingham Borough Council, Civic Offices, Shute End, Wokingham RG40 1BN

Phone 0118 974 6000

Fees

For fees and payment methods please see the licensing page on the council's website
www.wokingham.gov.uk

Date Signed

Position