



# Application for the Registration of an Operator for Acupuncture, Tattooing, Ear-Piercing, Electrolysis

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

To: Head of Environmental Health  
Arun District Council  
Civic Centre  
Maltravers Road  
LITTLEHAMPTON  
West Sussex BN17 5LF

Complete in full, using block letters, sign and send to address opposite by post or by hand or by DX (DX 57406 Littlehampton).

Only forms with original signatures can currently be accepted, so we regret that we cannot accept applications by email or fax

I hereby make application under the provisions of the above Act for the registration as an operator to carry on the practice of:

**Acupuncture**

To carry on the business of:

**Tattooing**

**Ear-Piercing**

**Electrolysis**

1 Name of Applicant (in full)	
2 Address of applicant (i.e. Usual place of residence, or in the case of a company the registered office)	
3 Contact Numbers	Tel. No. (Business) Fax. No. Tel. No. (Home)
4 Address to which correspondence should be sent	
5 Have you previously been registered in any other district (if so please give details and name of Authority)	
6 Have you ever been convicted of any offence under the Act (if so please give details)	

A fee of £ \_\_\_\_\_ accompanies this application.

Dated this (day) \_\_\_\_\_ of (month) \_\_\_\_\_ 20\_\_\_\_

Signature.....

(on behalf of).....

### DATA PROTECTION

The information contained in this form will be used by Arun District Council for the purposes indicated and will be further used or transferred to other organisations or individuals, only as the law permits.



CUSTOMER SERVICE EXCELLENCE