NEW



VARIATION

TYPE OF REGISTRATION PLEASE TICK BOX/ES BELOW THAT YOUR ARE APPLYING FOR

Licensing Section Town Hall, Darlington DL1 5QT Tel: 01325 405 888

Email: licensing@darlington.gov.uk

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1982 SECTIONS 14 TO 17

PREMISE/ VARIATION REGISTRATION FORM

To: Darlington Borough Council

I hereby make application under the provisions of the above-mentioned Act for registration or variation, of a premises to carry on the business or practice of (* please \checkmark)

PREMISE NAME

Acupuncture		Cosmetic	Electrolysis		Tattooing		Semi Permanent		
		Piercing					Skin Colouring		
	Please list the type of treatments or								
	activity you are applying for:								
E.g Botox and/or Microblading									
APPLICANT DETA	ILS								
Title Title									
Surname				Fi	rst Names				
Date of Birth			Email:						
Home Address									
Postcode:	Postcode: Mobile:								
Address for correspondence associated with this application (if different to the address above)									
Post Code									
	TELEPHONE NUMBERS								
Daytime									
Evening									
Mobile									
E-MAIL ADDRESS (if you	ı would prefer us to cc	rrespond w	vith you by e	-mail):				

PREMISE DETAILS

Trading Name of Business													
Business Postal Address													
<u>_</u>													
Postcode: Business Telephone Number													
Do you have planning permission?					Yes No								
Number of rooms to be used for this business													
Will the premises be used for	or any othe	r activity?		Υ	Yes No								
If Yes, please give brief detail	S												
Will treatment areas be sep	arate from	other activiti	ies?		Υe	es			No)			
If Yes, this will be carried on	ı in			Sepa	rate	Roo	m			Cub	icle		
Are the premises provided with the following?													
	Indi	cate source ie	e Mains	/Priva	ate/I	LPG (etc						
Water Supply	Yes				No								
Electricity Supply	Yes				No								
Gas Supply Yes					No								
Are the following amenities available on the premises for the sole use of the proprietor and operators?													
Wash Hand Basin(s)	Yes		No				Sole (Jse	Yes		N	0	
Sink(s)	Yes		No				Sole (Jse	Yes		N	0	
Hot and Cold Water	Yes		No				Sole (Jse	Yes		N	0	
Water Closet(s)	Yes		No				Sole (Jse	Yes		N	0	
Please give details of arrangement for cleansing													
Please give details of fittine equipment	ngs and												

What arrangements have been made for the sterilisation of instruments?						
What arrangements have been made for the disposal of waste?						
PREVIOUS REGISTRATIONS (Continue on a s	eparate sheet if necessa	ary)				
Registration Held	Issuing A	Authority	Date(s)			
Have you ever been refused a registrat	ion?	Yes	No			
*If Yes please give details (use a separa	ate sheet of paper if n	ecessary)				

Have you ever been cor	Yes		No					
Government (Miscella registration under Secti	*If Yes please give details below							
Name of Court	ne of Court Date Offence				Sentence			

DECLARATION:

I hereby declare that to the best of my knowledge and belief the information I have given on this form is true and correct. I understand that to give false information or make a false statement knowingly or recklessly, or omit any information form this application is an offence and may result in prosecution

Please see the notes below before you sign this form

Signed		Date	
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Notes:

The completed application together with the appropriate fee should be returned to:

Licensing Section Town Hall Darlington DL1 5QT

By completing this document you give Darlington Borough Council the authority to collect and retain information about you for the purpose of your registration to carry on a (business of tattooing)', '(business of cosmetic piercing)', '(business of electrolysis), or (business of semi-permanent skin-colouring). In order to grant a registration we may need to check this information with other enforcement agencies, local authorities or government departments.

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations, which handle public funds. Darlington Borough Council will not disclose this information about you unless the law permits.

Darlington Borough Council is the Data Controller for the purpose of the Data Protection Act. If you want to know more about the information the Authority holds about you, or the way the Authority uses that information please contact 01325 388076.