|  |  |  |
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| Darlington Borough Council Logo |  **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 🗸)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NEW** |  | **VARIATION** |  | **PREMISE NAME** |  |
| **TYPE OF REGISTRATION PLEASE TICK BOX/ES BELOW THAT YOUR ARE APPLYING FOR** |
| Acupuncture |  | Cosmetic Piercing |  | Electrolysis |  | Tattooing |  | Semi Permanent Skin Colouring |  |
| **Please list the type of treatments or activity you are applying for:**E.g Botox and/or Microblading |  |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Title |  |
| Surname |  | First Names |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | Email: |  |

|  |
| --- |
| Home Address |
|  |
| 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 would prefer us to correspond with you by e-mail): |

**PREMISE DETAILS**

|  |  |
| --- | --- |
| Trading Name of Business |  |

|  |
| --- |
| Business Postal Address |
|  |
| 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 any other activity? | Yes |  | No |  |

If Yes, please give brief details

|  |
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| --- | --- | --- | --- | --- |
| Will treatment areas be separate from other activities? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If Yes, this will be carried on in  | Separate Room |  | Cubicle |  |
| Are the premises provided with the following? |
| Indicate source ie Mains/Private/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 Use | Yes |  | No |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sink(s) | Yes |  | No |  | Sole Use | Yes |  | No |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hot and Cold Water | Yes |  | No |  | Sole Use | Yes |  | No |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Water Closet(s) | Yes |  | No |  | Sole Use | Yes |  | No |  |

|  |  |
| --- | --- |
| Please give details of arrangement for cleansing |  |

|  |  |
| --- | --- |
| Please give details of fittings and equipment |  |

|  |  |
| --- | --- |
| 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 separate sheet if necessary*)**

|  |  |  |
| --- | --- | --- |
| Registration Held | Issuing Authority | Date(s) |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been refused a registration?  | Yes |  | No |  |

|  |
| --- |
| \*If Yes please give details (use a separate sheet of paper if necessary) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been convicted of an offence under Section 16 of the Local Government (Miscellaneous Provisions) Act, 1982 or been refused registration under Section 14 or 15 of the said Act?  | Yes |  | No |  |
| \*If Yes please give details below |
| Name of Court | Date | Offence | Sentence |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **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** |  |

**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.