



DARLINGTON
Borough Council

Licensing Section
Town Hall, Darlington DL1 5QT
Tel: 01325 405 888
Email: licensing@darlington.gov.uk

APPLICATION FOR REGISTRATION TO CARRY ON PRACTICE OR BUSINESS OF COSMETIC PROCEDURES FOR A PERSONAL LICENCE

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

I hereby make application under the provisions of the above mentioned
Act for REGISTRATION to carry on the practice or business of (please select below)

TYPE OF REGISTRATION									
Acupuncture		Cosmetic Piercing		Electrolysis		Tattooing		Semi Permanent Skin Colouring	
Please list the types of treatments or activity you are applying for: E.g. Botox and/or microblading									

APPLICANT DETAILS

Mr		Mrs		Miss		Ms		Other	
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First Name (s)	
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Surname	
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Have you ever been known by another name	YES		NO	
Other Name If Applicable				

Date of Birth	
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Home Address of Applicant	
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E-Mail Address (If applicable)	
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Home Telephone		Business Telephone		Fax Number	
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Address for correspondence associated with this application (if different to the address above)	
Post Code	
Daytime	
Evening	
Mobile	
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)	

Premise Details

Name of premises where you will be working	
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Address of premises where you will be working	Post Code:
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Have you ever been refused a registration?	YES		No	
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*If Yes please give details (use a separate sheet of paper if necessary)

PREVIOUS REGISTRATIONS (*Continue on a separate sheet if necessary*)

Registration Held	Issuing Authority	Date(s)

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			

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 from this application is an offence and may result in prosecution.	
Date:	Signed:

Note: The completed application should be returned to:

Licensing Office, Town Hall, Feethams, 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.