APPLICATION FOR THE REGISTRATION OF PERSONS OFFERING
ACUPUNCTURE, COSMETIC PIERCING AND TATTOOING

Greater London Council (General Powers) Act 1981

I/we hereby apply to the City of London Corporation, in pursuance of the provisions of section 19 of the Greater London Council (General Powers) Act 1981 for a registration to carry on the practice of acupuncture or the business of tattooing or cosmetic piercing within the City of London.

Please answer all questions in block capitals using black ink and use additional sheets if necessary.

All questions must be answered on this application form. Failure to provide answer may result in an incomplete application and will be returned to you.

This application, duly completed and accompanied by the appropriate fee, made payable to “City of London Corporation” should be returned to the

City of London Corporation
Markets & Consumer Protection
Licensing
P O Box 270,
Guildhall,
London
EC2P 2EJ

Please note a registration is strictly personal, and therefore is not transferable.

If you need further assistance filling in the application or have any queries please contact the licensing team on 0207 332 3406 or e-mail: licensing@cityoflondon.gov.uk
1. Practice to be registered

Which practice are you registering for (Please tick the treatment(s)):

- [ ] Acupuncture
- [ ] Cosmetic Piercing
- [ ] Tattooing (inc Semi permanent make up)

2. Personal details of applicant

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<tr>
<th>(Please delete as appropriate)</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Other</th>
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<td>Full name:</td>
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<td>Personal Address:</td>
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3. Proposed premises to be occupied

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<th>Name of Premises</th>
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<td>Premises Address:</td>
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4. **Additional information**

Have any of the persons specified in this application been registered in this respect with any other Local Authorities? If so, which?

5. **Convictions**

Has any person specified in this application been convicted of any offence under the Acts?

6. **Declaration**

I /We declare that the above particulars are true in every respect.

Signature: ..................................................

Date:..........................................................