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**Application for Registration of Premises for Acupuncture, Cosmetic Piercing, Electrolysis, Semi Permanent Skin Colouring and Tattooing**

**Local Government (Miscellaneous Provisions) Act 1982**

**Local Government Act 2003: Section 120**

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| Please tick one box: | | | | | | New application | | | | | Replacement Certificate | | |  | |
| **Full Name of Premises to be Registered:** | | | | | | | | | | Click or tap here to enter text. | | | | | |
| **Address of Premises to be Registered:** | | | | | | | | | | Click or tap here to enter text. | | | | | |
| **Contact Telephone Number:** Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **Mobile Number (if different from above):** Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **Email:** Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **Full name and address of applicant:** | | | | | | | | | | Click or tap here to enter text. | | | | | |
| Activities the applicant will be completing; please tick all that are relevant: | | | | | | | | | | | | | | | |
| Acupuncture | | |  | | | Cosmetic Piercing | | |  | Electrolysis | |  | Semi-Permanent Skin Colouring | |  |
| Tattooing | | |  | | |  | | |  |  | |  |  | |  |
| How many rooms will be used for treatment? | | | | | | | | | | | | | | | |
| 1 |  | 2 | |  | 3 | |  | 4+ |  | | | | | | |
| Do you have a separate reception area? | | | | | | | | | | | | | | | |
| Yes |  | No | |  |  | |  |  |  | | | | | | |

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| Do you have a separate area for cleansing and sterilisation? | | | | | | | | | | | |
| Yes |  | No | |  | |  | |  |  |  | |
| Describe the process for cleansing and sterilisation of equipment and surfaces. | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |
| Please tick which equipment you provide: | | | | | | | | | | | |
| Autoclave | | |  | | | | Ultrasonic Cleaner | | | |  |
| Make and model of autoclave and ultrasonic cleaner | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |
| How is equipment stored after sterilisation? | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |
| When was the last time your Autoclave was tested and inspected and by whom? | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |
| Have you arranged a clinical waste contract? And if yes who with? | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |
| Waste Contract No: | | | | | Click or tap here to enter text. | | | | | | |
| Draw a plan of the room(s) in which treatment will be completed, include the location of hand wash facilities, storage of equipment, bed/chair placement | | | | | | | | | | | |
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**Guidance Notes for Applicants:**

1. Each individual who carries out the business of Cosmetic Piercing (including ear piercing), Tattooing, Semi Permanent Skin Colouring, Acupuncture or Electrolysis **must** be registered with the local authority.
2. Any premises in which a person carries out the above named activities, must be registered with the local authority.
3. Registered practitioners **must** carry out their business from a registered address, with the exception of an occasional visit to the client’s home, for the purpose of carrying out any of the above.
4. Section 15(VII) of the Local Government (Miscellaneous Provisions) Act 1982 enables local authorities to make byelaws to control the hygiene and cleanliness of the above businesses and such byelaws have been adopted; and that all registered persons and premises are expected to comply with these byelaws.
5. The need for registration shall not apply to any practice carried out by or under the supervision of any person who is a registered medical practitioner.
6. Please provide your public liability insurance certificate to support your application.
7. Right to work/immigration status: A skin piercing premises registration may not be issued to an individual who is resident in the UK who:

* does not have the right to live and work in the UK; or
* is subject to a condition preventing him or her from doing work relating to the carrying on of a licensable activity.

Applicants must demonstrate that they have the right to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensing activity. They do this by providing with this application a current or expired British passport or full UK birth certificate accompanied by a document issued by a government agency stating your national insurance number. Please refer to [www.gov.uk/prove-right-to-work](http://www.gov.uk/prove-right-to-work)

1. The fee for each registration is payable in advance and should accompany this completed application form. Any cheques should be made payable to North Norfolk District Council (NNDC is acceptable). Payment can also be made credit/debit card in the office or by telephone 01263 513811.
2. Current Fees and Charges can be found on the Council’s website (www.northnorfolk.gov.uk) in respect of the following:

* Practitioner Registration
* Premises Registration
* Replacement Certificates
* Additional/Replacement copies of the Byelaws (alternatively these are available to download from the website).

Should you require any further information or advice you can contact the Licensing Team on 01263 516189 or email [licensing@north-norfolk.gov.uk](mailto:licensing@north-norfolk.gov.uk)

The council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the Council will be processed in compliance with the eight principles of the Act. Information you have provided may be shared with other public sector organisations for the prevention and detection of fraud. Further information relating to your rights under the Data Protection Act can be sent to you on request.

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| **Signature:** | Click or tap here to enter text. |
| **Date:** | Click or tap here to enter text. |