## THE LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982: PART VIII Application for Registration of a Premises



Part 1 – Applicant's Details			
1. Title: Mr   Mrs   Miss	☐Ms ☐ Other (please specify)		
Surname:			
Other name(s):			
2. Home Address:			
Postcode:			
3. Telephone:	Daytime: Mobile: Evening:		
4. Email Address:			
5. Date of Birth:			
under the aforementioned legislation, as a premises to carry out one or more of the specified practices as indicated below.  Part 2 – Type of Application  I hereby make application under the above Act for registration as a premises to carry out: (Please select as appropriate)  The Practice of Acupuncture  The Business of Tattooing  The Business of Semi-Permanent Skin Colouring  The Business of Ear Piercing  The Business of Cosmetic Piercing  The Business of Electrolysis			
This is an Application to ame	an Existing Registration		
Part 3 - Dotaile of the	Promises where Specified Practice(s) will take place		
Part 3 – Details of the Premises where Specified Practice(s) will take place			
6. Address:			
7. Post Code:			
8. Telephone Number:			
9. Contact Name (Owner/Manager):			

Opening times Give details of proposed opening times for each day of the week			
Day or Days			
From			
То			
Does the above premises have the appropriate planning permission?			
Yes  No			
Part 4 – Description of Premises			
Please provide a brief description of the premises and number of rooms to be registered (attach a separate sheet if necessary) and the facilities provided i.e.			
Wash hand basins in each room? Yes ☐ No ☐			
Hot water?  Yes □ No □  Anti-bacterial wash?  Yes □ No □			
Towels? Yes □ No □			
Washable surfaces? (inc. Walls, floors, treatment			
beds etc) Yes □ No □			
Part 5 – Details of Proposed Operating Procedures			
Please provide details of the Procedures for the personal cleanliness of the operator.			
Please provide the details of the Procedures for the cleaning of the premises and fittings.			
Please provide details of the Procedures for the cleaning and sterilization of instruments.			
Do you have an autoclave Yes □ No □			
If yes, Is the autoclave steam? Yes $\square$ No $\square$ or vacuum Yes $\square$ No $\square$			
Is all equipment disposable? Yes □ No □			
Please provide details for the disposal of waste, used materials and needles etc.			

Please provide details of the Procedures for the Hygienic administration of the proposed treatment(s).				
Part 6 – Legal Matte	ers			
Have you been convicted within the past 5 years of carrying on the practise or business, which is the subject of your application, without being registered by a Local Authority under the provisions of the Local Government (Miscellaneous Provisions) Act 1982?				
Yes  No				
Have you ever had a registration under the Local Government (Miscellaneous Provisions) Act 1982 suspended or cancelled by an order of the Court?				
Yes □ No □				
Part 7 – Declaration	and Checklist (please tick)			
I have made or enclosed payment of the registration fee				
I have enclosed a floor plan of the premises (inc. treatment room & wash hand basin)				
I can confirm that, to the best of my knowledge and belief, the information contained in this Application is true and undertake to comply with the conditions attached to any Registration Granted as a result of the application.				
Part 8 – Signature				
Signature of applicant or a applicant, please state in	applicant's solicitor or other duly authorised agent. If signing on behalf of the what capacity:	)		
Signature:				
Print Name:				
Capacity:				
Date:				

## **Notes**

- 1. One application form must be completed by each premises engaged in the practice of acupuncture or the business of tattooing, ear piercing, cosmetic piercing, semi-permanent skin colouring or electrolysis.
- 2. Registrations remain valid as long as the premises is used for the practice of acupuncture, tattooing, ear piercing, cosmetic piercing, semi-permanent skin colouring or electrolysis, however once registered you must inform us of any changes to the details provided.
- 3. The registration is valid only within the area where Hartlepool Borough Council is the responsible local authority.
- 4. Further information is available from Hartlepool Borough Council's Licensing Team which can be contacted by telephone: 01429 523354 or by email: <a href="mailto:licensing@hartlepool.gov.uk">licensing@hartlepool.gov.uk</a>

The completed form, together with the registration fee and plan, should be returned to:

Licensing Team
Hartlepool Borough Council
Civic Centre
Hartlepool
TS24 8AY

Email: <u>licensing@hartlepool.gov.uk</u> Telephone: (01429) 523354

## **DATA PROTECTION**

Personal information provided in an application form and during the period of any subsequent Licence is normally held for a period of five years from the expiry of the last consecutive Licence held. It will be used primarily for the purpose of the licensing function concerned although it may also be used for data matching purposes across various licensing functions.

Personal information held for licensing purposes will be held and used in accordance with the requirements of the Data Protection Act 1998. To assist the Council in the prevention and detection of fraud so that it can protect the public funds it administers the Council may use information provided for licensing purposes within this Authority for data matching purposes. It may also data match information provided for licensing purposes with other public bodies that regulate, administer or are in receipt of public funds for the purposes of the prevention and detection of fraud. If you do have any queries regarding any Data Protection, please contact the responsible officer.

## FREEDOM OF INFORMATION

Information held by the Council may need to be disclosed in response to a request for it within the terms of the freedom of the Information Act 2000. This information excluded that which is in any other way already in the public domain.