

SOUTH NORTHAMPTONSHIRE COUNCIL

**APPLICATION FOR THE REGISTRATION TO CARRY ON THE PRACTICE OF
ACUPUNCTURE/BUSINESS OF/TATTOOING/EAR-PIERCING/ELECTROLYSIS***

Name of applicant:

Address of applicant:

Post Code:

Telephone No:

1. Address of premises to be licensed:

2. Number of rooms in premises:

3. Details of equipment to be used:

4. Methods for cleaning of premises, fittings and equipment

5. Methods for the sterilisation of instruments

I hereby make application for the registration to carry on /The Practice of
Acupuncture/The Business of/Tattooing/Ear-piercing/Electrolysis in respect of the
aforementioned premises.

Signed

Date

Please return the completed application form to the Licensing Officer, South
Northamptonshire Council, Council Offices, Springfields, Towcester, Northants NN12
6AE, together with the registration fee.