

Regulatory Services

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

Application for registration as a person who is carrying on the practice or business of Tattooing, Semi-permanent Skin Colouring, Cosmetic Skin Piercing or Electrolysis and of premises used for such business

Type of treatments to be carried out (Tick all that apply)				
☐ Tattooing	☐ Ear piercing	☐ Body piercing		
☐ Electrolysis	☐ Semi-permanent skin colouring)		
1. Name of business				
2. Address of business				
Description In				
Postal code				
2 Pusinges phone number				
Business phone number e-mail address				
Web site				
WOD SILO				
4. Name of proprietor / piercer				
5. Home address of proprietor /				
piercer (if a limited company, the				
registered office address)				
Postal code				
0.0.1.1.10				
6. Proprietor/Piercer's phone				
number				
Please provide any additional information that to comply with the byelaws. e.g. names of op				

with this or any other Loc	ered in this respect cal Authority?	☐ YES	□NO		
If Yes, which authority?					
8. Have you been convicunder Section 16 of the I (Miscellaneous Provision	ocal Government	☐ YES	□ NO		
	premises used for that purpose	e. There are no po	istration to cover both the person owers to refuse registration, but the		
	ne procedures, equipment and t	facilities used are	safe, hygienic, prevent the spread of Safety at Work etc Act 1974.		
It is illegal to conduct cosmetic pi been registered.	ercing, tattooing, electrolysis or	semi-permanent	skin colouring unless the business has		
Once an application has been made ensure compliance with the Barn requirements are being met.					
The inspector will be pleased to	offer any advice or give any hel	p if you are unsur	e as to how to meet these obligations.		
in these particulars The registration fee can be paid over the telephone by contacting a member of the Commercial Regulation Unit on 01226 773743.					
Date	Signature of appli	cant			
Date					
	ogether with your payme				
Please return this form to Health & Safety Section Regulatory Services Barnsley Metropolitan Bo P.O. Box 634 Barnsley	ogether with your payme	ent to the add	ress below		
Please return this form to Health & Safety Section Regulatory Services Barnsley Metropolitan Bo P.O. Box 634 Barnsley S70 9GG	ogether with your payme	ent to the add	ress below		

Date: