



# DOVER DISTRICT COUNCIL

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

## APPLICATION FOR PERSONAL REGISTRATION IN RESPECT OF:

- Acupuncture    
 Cosmetic Piercing    
 Electrolysis    
 Tattooing   
 Semi-permanent skin colouring

1. Full Name of Applicant: (Capital Letters please)	Mr/Mrs/Miss/Ms
2. Home Address of Applicant:	
Date of Birth	
Telephone Number	
Email:	
3. Address of premises from which practice or business will be carried on:  Telephone Number	
4. Have you or, to the best of your knowledge, had a registration under the Act suspended or cancelled by order of a Court?	YES/NO
5. Please detail what experience and training you have had in carrying out these activities (Please provide evidence of your competency to carry out the activity)	
6. Please give details of names and addresses of any previous employers and the position you held. (You may need to use a separate sheet of paper to detail this).	

<p>7. Have you ever been convicted of an offence under Regulation 13 - 17 of the Local Government (Miscellaneous Provisions) Act 1982</p>	<p>YES/NO</p>
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I declare that the information given above is true

I attach the correct fee of £100.00.

Signature \_\_\_\_\_ of \_\_\_\_\_ Applicant

Date: \_\_\_\_\_

When completed, this form should be sent to the Licensing Section, Council Offices, White Cliffs Business Park, Dover, Kent CT16 3PJ

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