



**DOVER DISTRICT COUNCIL**

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

**APPLICATION FOR PREMISES REGISTRATION IN RESPECT OF:**

- Acupuncture     Cosmetic Piercing     Electrolysis     Tattooing   
Semi-permanent skin colouring

1. Name of premises to be registered	
2. Full Address of premises to be registered	
3. Full name of applicant	
4. Address of applicant (if different from above)	
5. List of activities to be carried out at the premises (other than those for which registration is sought)	
6. Describe where the treatment is to be given	
7. Describe arrangements for cleansing of equipment and the sterilisation of instruments	

8. Have you previously been registered in this respect in any other district?	
9. If yes, please give details of where	

I declare that the information given above is true.

I attach the correct fee of £230.00.

Signature of Applicant .....

Date: .....

**Dover District Council is a data controller under General Data Protection Regulation (GDPR), your attention is drawn to our Corporate Privacy Notice available at <https://www.dover.gov.uk/privacy>. This explains how we will use and share your personal information and protect your privacy and rights.**

**When completed this form should be returned to:**

**Licensing Team  
Dover District Council  
White Cliffs Business Park  
Dover  
CT16 3PJ**