

FOR OFFICE USE ONLY

Registration Number

Receipt Number:

Form LGMP1/PREMISES

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISION) ACT 1982**  
**REGISTRATION OF PREMISES FOR ACUPUNCTURE, TATTOOING**  
**EAR-PIERCING AND ELECTROLYSIS**

1. ADDRESS OF PREMISES TO BE REGISTERED:

NAME OF BUSINESS

NAME OF PERSON APPLYING TO CARRY OUT THE WORK TO BE REGISTERED.

TELEPHONE NUMBER OF PREMISES:

2. TYPE OF WORK TO BE CARRIED OUT:  
(Please tick)

ACUPUNCTURE

TATTOOING

EAR-PIERCING

ELECTROLYSIS

3. ADDRESS OF REGISTERED OFFICE  
(If applicable)



4. DETAILS OF LEGAL CONVICTIONS APPERTAINING TO THE PREMISES FOR WHICH REGISRATION IS SOUGHT  
(If none please state "none")

Date:

Court:

Office

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5. I declare that the above information is true and undertake to inform the Council immediately of any change in these particulars.

I enclose a cheque/postal order/cash for the required registration fee for the above premises.

Signed..... Date: .....

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**NOTES:**

From 1 October 1986 it has been an offence for a person (other than a registered medical practitioner or a person under his supervision) to carry out the activities of acupuncture, tattooing, ear-piercing or electrolysis in the Council's area unless the person and the premises from which the business is normally operated are registered with the Council.

**THIS FORM SHOULD BE COMPLETED AND RETURNED WITH THE REGISTRATION FEE MADE PAYABLE TO "BRADFORD COUNCIL".**

**PLEASE TELEPHONE THE NUMBER BELOW FOR DETAILS OF CURRENT CHARGES.**

**To:** Department of Environment & Neighbourhoods  
Environmental Health  
Health Protection  
6<sup>th</sup> Floor  
Jacobs Well  
BRADFORD  
West Yorkshire  
BD1 5RW  
  
Tel: 01274 433928