



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

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| 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: | |
| 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). | |

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

I attach the correct fee of £112.00

Signature of Applicant

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Date:

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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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