

North Hertfordshire Application for a licence to carry out acupuncture, tattooing, piercing and/or electrolysis Local Government (Miscellaneous Provisions) Act 1982 as amended by local byelaw

For help contact

env.health@north-herts.gov.uk

Telephone: 01462 474000

* required information

Section 1 of 14		
You can save the form at any time and resume it later. You do not need to be logged in when you resume.		
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference		You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
12		
Are you an agent acting on behalf of the applicant?		Put "no" if you are applying on your own behalf or on behalf of a business you own or
C Yes 💿	No	work for.
Applicant Details		
* First name		
* Family name		
* E-mail		
Main telephone number		Include country code.
979		
Other telephone number		_
	uld prefer not to be contacted by telephone	
Are you:		
 Applying as a business or organisation, including as a sole trader 		A sole trader is a business owned by one person without any special legal structure.
C Applying as an individu	al	Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is your business registered in the UK with Companies House?	C Yes No	
* Is your business registered	C Yes No	
outside the UK?		☐ If your business is registered, use its
* Business name		registered name.
* VAT number -		Put "none" if you are not registered for VAT.
* Legal status	Please select	

C 11 16 1		
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* Your position in the busines	ss	
Home country	United Kingdom	The country where the headquarters of your business is located.
Business Address		If you have one, this should be your official
* Building number or name		address - that is an address required of you by law for receiving communications.
* Street		
District		
* City or town		
County or administrative area	a	
* Postcode		
* Country	United Kingdom	
	,	
Section 2 of 14		national mayor and some and a distinguishment and
FURTHER DETAILS ABOUT T	HE APPLICANT	
* Are you applying as an indi	vidual (includes sole traders)?	
○ Yes	○ No	
Section 3 of 14		
TYPE OF APPLICATION		
* Type of application:	New	
Specify the period for which the licence is required (if applicable)		
Application for licence or registration of:	○ Premises ○ Practitioners	h Check for local guidance notes which may clarify requirements.
Section 4 of 14	that agriculture	
DIRECTORS, PARTNERS, OW	NERS AND MANAGERS	
is a partnership), OFFICE BEAI	RERS (if it is a club or association), all OWNE including day-to-day MANAGERS OF THE P	RY (if the applicant is a company), all PARTNERS (if it RS of the business or premises and all MANAGERS of REMISES. Check for local guidance notes and
* Are there any such people f	for whom you need to provide details?	
○ Yes	O No	
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PREMISES TO BE LICENSED	OR REGISTERED	

Continued from previous page		
#	•	
* Name of premises/ Trading name		
Premises Address		
Is the address the same as (or similar to) the address given in section one?		If "Yes" is selected you can re-use the details from section one, or amend them as
C Yes	C No	required. Select "No" to enter a completely new set of details.
* Building number or name		
* Street		
District		
* City or town		
County or administrative area		
* Postcode		
* Country	United Kingdom	
Contact Details		
Are the contact details the sar	me as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
○ Yes	C No	required. Select "No" to enter a completely new set of details.
E-mail		
* Main telephone number		<i>y</i>
Other telephone number		
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DETAILS OF PREMISES		
Describe:		€
*The premises, giving details	of treatment rooms, other rooms used for the b	usiness and the facilities provided
* Provision for cleaning the premises, fittings and equipment and sterilisation of instruments		
		ic .
* Provision for disposal of waste, used materials, needles, etc		

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OPENING TIMES	
Give details of proposed opening times for each	th day of the week
* Day or days	
* From	
*To	
	Add another day
Section 8 of 14	
TREATMENTS	
* Which treatments will be provided at the pre-	mises? (tick all that apply)
☐ Acupuncture	
☐ Tattooing	
☐ Semi-permanent skin colouring	
☐ Cosmetic body and ear piercing	
☐ Ear piercing only	
☐ Electrolysis	
☐ Other	
Section 9 of 14	
DETAILS OF PRACTITIONERS	
Provide details of ALL practitioners who will give	ve treatments
Name	
* First name	
* Family name	
Former name(s)	If currently or previously known by any other name(s), you must record them here.
Home Address	nume(s), you must record them here.
* Building number or name	
* Street	
District	
* City or town	
County or administrative area	
* Postcode	
* Country United Kingdor	n .
Further Details	

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* Date of birth	dd mm yyyy
* Place of birth	
* Treatments given personally of	r supervised by this person
* Details of all relevant qualifica	tions, training and experience (including where undertaken, dates, awarding body, etc)
* Membership of any profession	nal organisation
r	
	Add another practitioner
Section 10 of 14	
PREVIOUS APPLICATIONS	· ·
* Have you, or any person name registration? (check all that app	ed in or associated with this application, previously applied for a similar licence or ly)
□ No	Yes - application granted and revoked
Yes - application granted	Yes - application refused
Section 11 of 14	
CONVICTIONS	
* Have you, or any person name	ed in or associated with this application, been convicted of any crime or offence?
C Yes	O No
Section 12 of 14	
PUBLIC NOTICE	
* Is your application to a local a	uthority in:
○ Scotland	C England, Wales or Nortern Ireland
Section 13 of 14	
ADDITIONAL DETAILS	
Provide any additional informa conditions which may provide	tion which is required or relevant to your application (check for local guidance notes and details of specific requirements in your area)
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PAYMENT DETAILS	
Rees for a skin piercing etc pre	thority. If you complete the application online, you must pay it by debit or credit card. mises registration or for a personal registration are available on the Council's website - http://e/environmental-health/housing-and-public-protection-service-fees-and-charges
* Fee amount (£)	
ATTACHMENTS	
AUTHORITY POSTAL ADDRES	S
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
DECLARATION	
* District Council byelaws relat	of the Local Government (Miscellaneous Provisions) Act 1982 and the North Hertfordshire ing to this application. The details contained in the application form and any attached the best of my knowledge and belief.
☐ Ticking this box indicat	es you have read and understood the above declaration
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	
Date (dd/mm/yyyy)	
	Add another signatory
and continue with your applica	uter by clicking file/save as /apply-for-a-licence/tattooists-piercing-and-electrolysis-licence/north-hertfordshire/apply-1 to upload this file