



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT
1982
Application for PERSONAL Registration**

Return to: **Licensing Unit
South Somerset District Council
Brympton Way
Yeovil, BA20 2HT**

I HEREBY APPLY under the provisions of the above Act for PERSONAL registration to carry on the practice of, **please tick as appropriate**

- | | |
|---|---|
| <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Cosmetic Piercing | <input type="checkbox"/> Semi Permanent Skin Colouring |

PARTICULARS

1. Full Name of Applicant, including Title	
2. Date of Birth of Applicant	
3. Address of Applicant Personal address WILL NOT be shown on registration	
4. Home/contact Daytime telephone number	
5. Name of premises at which you intend to carry on the above practice	
6. Address at which you intend to carry on the above practice This address will be shown on registration	
7. Have you previously been registered in any other district? If so, please specify	

8. Have you ever been convicted of any offence under the Act? If yes, please give details.	
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A fee is charged for this registration please contact the Licensing Department for current fee

Signed

Dated