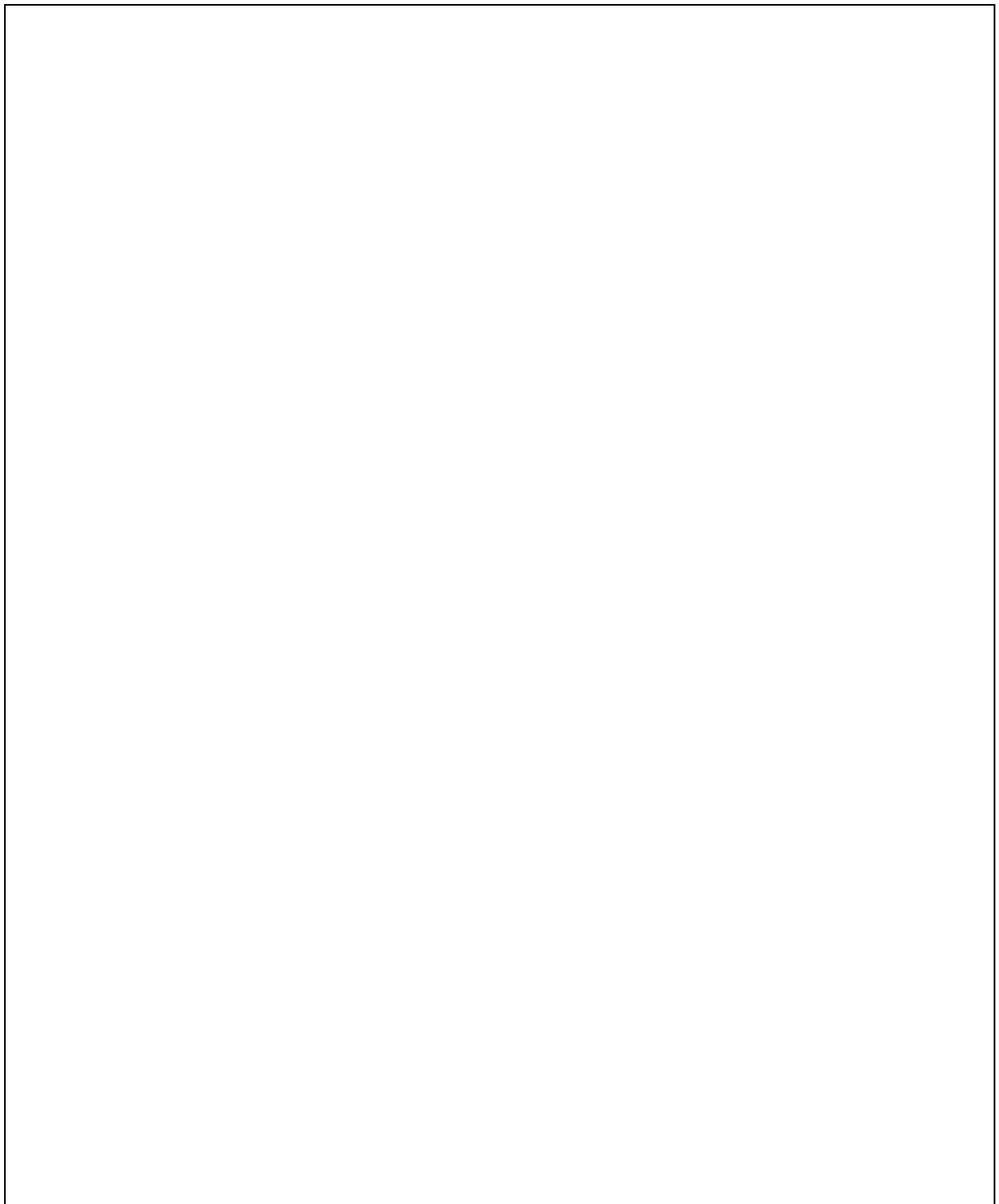


APPLICATION FOR REGISTRATION OF PREMISES TO CARRY OUT THE PRACTICE OF ACUPUNCTURE, COSMETIC PIERCING, ELECTROLYSIS, TATTOOING OR SEMI PERMANENT SKIN COLOURING

Please draw a plan of the room/area where you intend to carry out the above practices, please indicate on the plan the finishes of all floors, walls, doors, windows, partitions and ceilings in this area. Please also indicate the location of the water supply (if applicable). For clarification on the requirements please refer to the enclosed Byelaws and Guidance.



Name:

Signed:

Date: