

# Thurrock Council – Application for registration of a business for skin piercing activities

Local Government (Miscellaneous Provisions) Act 1982  
Local Government Act 2003

## How we will use your information

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to [thurrock.gov.uk/privacy](http://thurrock.gov.uk/privacy). Get free internet access at libraries and community hubs.

## Application type

I / We hereby make this application under the provision of the above act for registration to carry on the business of:

<input type="checkbox"/> tattooing	<input type="checkbox"/> acupuncture
<input type="checkbox"/> ear piercing	<input type="checkbox"/> cosmetic piercing
<input type="checkbox"/> nose piercing	<input type="checkbox"/> semi-permanent skin colouring
<input type="checkbox"/> electrolysis	<input type="checkbox"/> other – please state details below:
<input type="checkbox"/> microblading	

**Application details** – complete all sections, putting 'N/A' in any section not applicable.

Full name(s) of applicant(s)	
Full postal address of applicant(s) – usual place of residence or, for a company or firm, the registered or principal office.	
Phone number(s)	
Email address(es)	
Full postal address of the premises to be registered, including the proposed business trading name or, if no business name, the name of the applicant.	
Brief description of premises, including number of rooms, fittings and equipment, arrangements for cleaning of premises and sterilisation of instruments – you may attach a separate sheet if necessary.	
Full business name, postal address and contact details of pre-arranged clinical waste removal contractor, and the proposed frequency of collections.	

Full business name, postal address and contact details of any establishment where a full-time or part-time apprenticeship or training programme was undertaken for skin piercing – for example, academy or college training, or during previous employment. Provide copies of any relevant certificates.	
Full business name, postal address and local authority if you have been registered previously as a skin piercing business in your own right, either in this borough or another local authority area.	
Have you ever been convicted of any offences under the above Acts? If so, please give details.	
Full name, postal address and contact details of owner and / or landlord of premises if premise is leased or rented.	
Full name, postal address and contact details of the owner if the premise is freehold and the owner is not the person applying for the registration.	

## Fee details

A one-time fee must accompany this application for the specified address. A further fee must be paid if there is a change of address. Go to [thurrock.gov.uk/skin-piercing](http://thurrock.gov.uk/skin-piercing) for latest fee details.

To pay the fee, phone **01375 652 652** – quoting your business name and reference: **EH005 5008**. The registration fee is non-refundable if you cancel your application or your application is refused

## Signature

Name – <b>write clearly in capitals</b>	
Signature	
On behalf of – name of the business	
Date	

The completed form should be sent by post together with any other required documents to:  
**Licensing Team, Thurrock Council, Civic Offices, New Road, Grays, RM17 6SL.**

Email: [licensing@thurrock.gov.uk](mailto:licensing@thurrock.gov.uk)

For official use only			
Amount		Date payment received	
Receipt number			