Licensing Team

Business and Consumer Protection Service

Shropshire Council

Guildhall

Frankwell Quay

Shrewsbury

Shropshire

SY3 8HQ

**Personal Acupuncture, Tattooing, Cosmetic-Piercing and Electrolysis**

**(Skin-Piercing) Registration**

**Procedure Notes**

Is it illegal to conduct cosmetic and ear piercing, tattooing, acupuncture or electrolysis unless the registration has been formally approved.

Before applying for a Skin Piercing Registration you may wish to have regard to the **Local Government (Miscellaneous Provisions) Act 1982** along with the Shropshire Council Conditions of Licence.

* In order for your application to be accepted you **must** ensure you send in the following information:
* Completed application form.
* Copy of the receipt for payment of the application fee. A list of the fees are available at [www.shropshire.gov.uk](http://www.shropshire.gov.uk). **The fee is payable per treatment type.**
* **Please note: if any part of the application is incomplete, or the fee not paid, the application will not be processed until such a time as all the information / documentation is provided.**
* Once your application has been validated and accepted you will be contacted by the relevant Officer to arrange the necessary inspection.
* Once the Council is in receipt of the relevant Officer’s inspection report, providing everything is satisfactory, the registration will be issued.

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web: [www.shropshire.gov.uk](http://www.shropshire.gov.uk)

Tel: 0345 678 9026

**Application for a Personal Skin Piercing Registration**

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

**(Please tick the treatment type/s you are applying for; the fee is payable per treatment type)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Acupuncture |  | Tattooing |  | Electrolysis |  | Cosmetic-Piercing |  |

1. Applicant Details:

(Please complete all fields) (If a Corporate, name of Body and address of Registered Office)

|  |  |
| --- | --- |
| Title (delete as appropriate): | Mr / Mrs / Miss / Ms / Other: |
|  |  |
| Surname: |  |
|  |  |
| Forename/s: |  |
|  |  |
| Address: |  |
|  |
| Postcode: |
|  |  |
| Email address: |  |
| (the Licensing Team will forward correspondence via email as the preferred method of contact) | |
| Telephone number: |  |
|  | |
| Mobile number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Date of Birth: |  | | | |
| (if applicable) |  | | | |
|  |  | | | |
| 1. Private Address: |  | | | |
| (if applicable) |
|  |  | | | |
| 1. Address, and name, of the premises at which the practice, or business will be carried out: |  | | | |
|  |  | | | |
| 1. Telephone Number at Premises: |  | | | |
|  |  | | | |
| 1. Have you, to the best of your knowledge: | | | | |
| 1. Been convicted within the previous five years of carrying out the practice or business which is the subject of your application without being registered by a local authority under this Act. | |  | Yes | |
|  |  | |
|  | No | |
|  | | | | |
| 1. Been convicted within the previous five years of carrying out the practice or business which is the subject of your application in premises which were not registered by a local authority under this Act. | |  | Yes | |
|  |  | |
|  | No | |
|  | | | | |
| 1. Had a registration under this Act suspended or cancelled by order of a court. | |  | Yes | |
|  |  | |
|  | No | |
|  | | | | |
| If ‘Yes’ was selected for any of the above, please provide further details: | | | | |
|  | | | | |
| I am aware of the provisions of the **Local Government (Miscellaneous Provisions) Act 1982** and I apply for a Personal Skin Piercing Registration the day of issue\*/1st January  (See Note 4) (\*Delete as applicable) | | | | |
|  | | | | |
| Please tick Checkmark with solid fill Yes | | | | |
| * I have enclosed a completed application form | | | |  |
|  |
| * I have enclosed a copy of the receipt for payment of the application fee   **The fee is payable per treatment type** | | | |  |
|  |
|  |
| * I understand that if I do not comply with the above requirements my application will not be processed | | | |  |
|  |

I declare that the information I have supplied in this application is true, complete, and accurate to the best of my knowledge. I have read and understood the conditions of the registration and will abide by them.

**If any person knowingly or recklessly makes a false statement or omits any material particulars in giving information they shall be guilty of an offence.**

**Data Protection**

The information provided will be used in the process of considering the application and may be sent to authorised bodies including: Police, Benefits, Councillors, Inland Revenue, other local authorities.

Shropshire Council is under a duty to protect the Public Funds that we handle and to this end we may share your information internally or with other organisations for the prevention and detection of a crime or any matters connected to a breach of Shropshire Councils Licensing Policy. We will not transfer your personal data outside the European Economic Area or disclose it to any third party other than for the purposes outlined.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  | | Date: |  |
|  | | | | |
| Full name (in CAPITALS): | |  | | |
| If signing on behalf of a Company or partnership, state in what capacity: | |  | | |

|  |
| --- |
| **Notes:**  **Premises**   * all surfaces in any part of the premises used by clients must be kept clean and in good repair * all furniture and fittings in the treatment area must be kept clean and in good repair * tables, couches, seats etc… used in the treatment area must have a smooth, impervious surface which is regularly wiped down with disinfectant and covered by a disposable paper sheet, changed after each client * a ‘No Smoking’ sign must be prominently displayed   **Cleanliness of operatives**   * any overalls worn by the operative should be clean and in good repair * the operative’s hands and nails must be kept clean * any open cut, wound, sore or boil must be suitably covered by an impermeable dressing * the operative should not smoke or drink in the treatment area * the operative should have sole use of the washing facilities, which must provide hot and cold running water, soap (or a similar cleanser) and a nail brush   **Equipment**   * any needle, metal instrument or other item of equipment used in the treatment must be in a sterile condition, and kept sterile until it is used * if pre-sterilised items are not used, adequate facilities must be provided for the purpose of sterilisation * if tattooing is being undertaken, all dyes used must be bacteriologically clean and inert. The containers used to hold dyes for each customer must be disposed of at the end of each treatment or sterilised before re-use   **General**   * it is an offence to tattoo any person under the age of 18 years (The Tattooing of Minors Act 1969) regardless of parental consent * a person under the age of 18 may receive body piercing if you have received written permission from, or the treatment is performed in the presence of, the person’s parent or guardian * nipple and genital piercing is prohibited on minors, regardless of parental consent * the health of the client and the suitability of the treatment should be discussed prior to its administration |