



Community

APPLICATION FOR REGISTRATION OF TATTOOING PREMISES
Local Government (Miscellaneous Provisions) Act 1982, Section 15(2)

Surrey Heath Borough Council
Surrey Heath House
Knoll Road
Camberley
Surrey
GU15 3HD

Telephone: (01276) 707100
Facsimile: (01276) 707177
DX: 32722 Camberley
Email: environmental.health@surreyheath.gov.uk

I (or We) hereby apply to the Surrey Heath Borough Council, under Section 15(2) of the Local Government (Miscellaneous Provisions) Act, 1982, for the Registration of the premises occupied by me/us at:

Name of Applicant (if a joint application is being made, enter the names of all partners):

- (1)
(2)

Address:
Post Code.....

Tel: Email:

DETAILS OF THE PREMISES TO BE REGISTERED:

- Name under which the business is to be carried on:
Number of treatment rooms:
Number of waiting rooms:
Number of wc's provided:
Number of wash hand basins with hot and cold water:
Number of sinks with hot and cold water provided:
State methods used for sterilising equipment:

I/We enclose the sum of £.....being the fee for the licence applied for

Declaration: I/We declare that the information given in this application is to my best knowledge and belief, correct, and understand that a false declaration could result in the registration applied for being revoked.

(1) Signed: Dated:

(2) Signed: Dated:

The Council will enter the details on its Register. A register of the name of the operator, the name of the business, the address and the type of business carried on at each premises will be open to inspection by the general public. Records of the other information provided will be held by the local authority within the principles of the Data Protection Act 1998 and also may be subject to the Freedom of Information Act 2000. For further help please go to: http://www.surreyheath.gov.uk/council/informationgovernance/default.htm

Please return this form together with the required fee to: Environmental Health, Surrey Heath Borough Council, Surrey Heath House, Knoll Rd, Camberley, Surrey GU15 3HD

FOR OFFICIAL USE ONLY

Fee:

Registration Number:

Renewal Licence Number: