



# Application for Registration in respect of [Acupuncture][Tattooing][Cosmetic-Piercing] [Electrolysis][Semi Permanent Skin Colouring]



Local Government (Miscellaneous Provisions) Act 1982 as amended by  
Local Government Act 2003

## Stratford-on-Avon District Council, Licensing Team

Governance and Democracy, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX  
Telephone: 01789 260211 Facsimile: 01789 260808 Minicom: 01789 260747 Website: [www.stratford.gov.uk](http://www.stratford.gov.uk)

If you find the text on this form difficult to read we may be able  
to supply it in a format better suited to your needs.

## PRIVACY STATEMENT

The personal data that you provide will be used in the determination of your application, matters in connection with any registration made and for reference in the event of future applications you might make, the legal basis for this processing is that it is necessary for compliance with the legal obligations to which Stratford-on-Avon District Council is subject.

You must complete this form in order for us to register you for this activity and enable us to administer your registered activity should it be registered. If you do not complete this form we will not be able to register you for this activity, so you will not be able to lawfully conduct this activity.

Your personal data may be shared with Warwickshire Police, Environmental Health at Stratford-on-Avon District Council, internal council departments who require access to your information for the purposes of administration, regulation and law enforcement, the Cabinet Office as part of the National Fraud Initiative, HM Revenue and Customs, National Anti-Fraud Network.

Your data will be kept for the duration of the time you remain registered by Stratford-on-Avon District Council, and will be destroyed 6 years after the date upon which you cease to be registered.

You have the right to access your personal data and to complain if you think your data is being used incorrectly. You may also have other rights, such as to have your data corrected or erased. For full details on your personal data rights please see the Council's main Privacy Notice on [www.stratford.gov.uk](http://www.stratford.gov.uk)

For the Data Controller and Data Protection Officer's contact details and further information please see the Council's main Privacy Notice on [www.stratford.gov.uk](http://www.stratford.gov.uk)

## IMPORTANT NOTE

This form is to be used to apply to register a Premises for the purpose of the above activities and one operator only. The whole form will need to be completed.

In the case of an additional operator wanting to work from an existing registered premises then the whole form is still to be completed but the applicant will need to pay the lower fee as indicated on the Stratford-on-Avon District Council website ([www.stratford.gov.uk](http://www.stratford.gov.uk)). Please answer the question below.

I am applying to be an operator of the existing registered premises shown at one below. YES  NO

If 'YES' above, insert existing licence number here

Note an 'Operator' to be registered, must be attached to a registered premises.

**TO: STRATFORD-ON-AVON DISTRICT COUNCIL**

I/We hereby make application under the provisions of the above Acts at the premises detailed below:-

**1. Premises to be Registered** (BLOCK CAPITALS)

Business Name	<input type="text"/>
Address (for moveable premises give address at which the premises are ordinarily kept)	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

**2a. Name of Proprietor/Operator to be registered** (BLOCK CAPITALS)

Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text"/>
Home Postcode	<input type="text"/>
Contact number	<input type="text"/>
Mobile number	<input type="text"/>
Email address	<input type="text"/>

**2b. Name of Additional Operator (if applicable) to be registered** (BLOCK CAPITALS)

Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text"/>
Home Postcode	<input type="text"/>
Contact number	<input type="text"/>
Mobile number	<input type="text"/>
Email address	<input type="text"/>



