|  |
| --- |
| For Office Use |
| **Registration Ref. No.** |  |
| **Registration Form Issued**Allerdale Borough CouncilHousing and Health Allerdale HouseWorkingtonCA14 3YJ |  |
| **Officer** |  |

Local Government (Miscellaneous Provisions) Act 1982

Please complete in **BLOCK CAPITALS** and **BLACK INK**

# **Application For Registration Of Persons And Premises For The Practice Of Tattooing**

|  |
| --- |
| **In accordance with Section 14/15 of the Local Government (Miscellaneous Provisions) Act 1982** |
| **I (please give full name)** |  |
| **Date of Birth**  |  |
| **Of (company name)** |  |
| **Apply for registration to practice tattooing at the premises (address)** |  |
| **Post Code** |  |
| **Telephone Number** |  |
| **Email address** |  |
| **I enclose fee of:** | **£** | **for the above registration(s)** |

|  |
| --- |
| **Please complete** |
| **Dated this…** |  |
| **Day of…** |  |
| **Year**  | 20 |
| **Signed** |  |

To:

Housing and Health

Allerdale Borough Council

Allerdale House

WORKINGTON

Cumbria

CA14 3YJ