



Application for a Grant/Renewal of a Skin Piercing and Tattooing Licence

Each question must be answered

1. To be completed if an individual is making the application

Full Name	Surname		First Name
Home Address (Including Postcode)			
Telephone Number			
Age, Date & Place of Birth	Years	Date of Birth	Place of Birth

2. To be completed if not a natural person (e.g. company or partnership)

Full Name	Surname		First Name
Address (including Postcode) of Principal or Registered Office			
Telephone Number			
Name, Private Address, Dates of Birth of Directors, Partners or other Persons Responsible for its Management e.g. Office Bearer of a Committee			

<p>Is the applicant names in 1 or 2 to carry out the day-to-day management of the activity</p> <p>If not, give the Full Name, Private Address and Date of Birth of the Responsible Person</p>	<p>Yes / No</p>
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To be completed by all Applicants

<p>Please indicate the activities or services you intend to carry out:</p>	
<p>Acupuncture</p>	<p>Yes / No</p>
<p>Cosmetic Skin Piercing</p>	<p>Yes / No</p>
<p>Electrolysis</p>	<p>Yes / No</p>
<p>Tattooing (both permanent and semi-permanent)</p>	<p>Yes / No</p>
<p>Please supply the following details of the Premises or Vehicle</p>	
<p>Is there a separate waiting room?</p>	<p>Yes / No</p>
<p>Are there statutory notices displayed in the waiting room?</p> <p>No services provided - Alcohol/Drugs Skin Piercing - Children under 16 Tattooing - Under 18s</p>	<p>Yes / No</p>
<p>Is there a separate room used solely for Tattooing and Piercing?</p>	<p>Yes / No</p>
<p>Does the accommodation used for Tattooing and Piercing have the following?</p>	
<p>Sink with hot and cold water</p>	<p>Yes / No</p>
<p>Does the sink have non-hand operated taps</p>	<p>Yes / No</p>
<p>Paper towel holder containing paper towels</p>	<p>Yes / No</p>
<p>Soap dispenser containing soap</p>	<p>Yes / No</p>
<p>Washable bench or chair with disposable paper sheets</p>	<p>Yes / No</p>
<p>A dispenser containing alcohol solution</p>	<p>Yes / No</p>
<p>A waste bucket with pedal operated lid</p>	<p>Yes / No</p>
<p>A Sharps container for storage of needles after use.</p>	<p>Yes / No</p>
<p>A first aid kit</p>	<p>Yes / No</p>
<p>Do you provide the following equipment?</p>	
<p>Ultrasonic cleaner</p>	<p>Yes / No</p>
<p>Instrument baths</p>	<p>Yes / No</p>



Autoclaver and autoclave pouches	Yes / No
Are the premises well ventilated and illuminated for the purposes of skin piercing and tattooing?	Yes / No
Have you read the standard conditions which will apply should this application be granted?	Yes / No
Do you hold a current certificate of Public Liability Insurance which covers the above activities?	Yes / No

Have you ever been convicted of any Crime or offence, or have any pending cases against you including contraventions of Street Trading or other Byelaws, Road Traffic Offences and Environmental Health/Food Hygiene Offences? If so, give particulars below. **All crimes and offences must be declared**

Name of Person	Date	Court	Sentence

NOTE: Applicants attention is drawn to the importance of completing this section of the form with total accuracy. In the event of an incomplete declaration this may result in the refusal of your application. A further application cannot be considered for a period of one year.

Signature of applicant

Date

Please return the completed form together with the relevant fee to:

The Licensing Administrator
 Clackmannanshire Council
 Kilncraigs
 Alloa
 FK10 1EB

If you require any further information please contact the Licensing Administrator on telephone number 01259 452093 or email address licensing@clacks.gov.uk

Data Protection Act 1988

Clackmannanshire Council will process the information on this form for the purpose of granting or refusing this application. The information will be disclosed to Central Scotland Police and may also be circulated to Central Scotland Fire Brigade and/or Clackmannanshire Council Environmental Services for their statutory interest and to any other relevant body. It may also be intimated to the Inland Revenue & Customs and Excise. The information will also be held on a public register which will be available to members of the public on request.



Licensing of Skin Piercing and Tattooing Compliance Notice

I,

Applicant for a Skin Piercing and Tattooing Licence, hereby certify that –

(a) a Notice has been posted at or near the premises at

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From (date) To (date)

as required under Schedule 1 to the above Act.

Where the said Notice was removed, obscured or defaced during the above mentioned period, I took reasonable steps for its protection and replacement as follows (give details and circumstances below):

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OR

(b) that I have been unable to post a Notice as required under Schedule 1 to the above Act because I do not have the rights of access which would enable me to do so (give details and circumstances below):

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.....

.....

SignatureDate

Position

To be returned to the Head of Community & Regulatory Services , Clackmannanshire Council, Kilncraigs, Alloa, FK10 1EB, after a Site Notice has been displayed for 21 day