



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982  
as amended by SECTION 120 of the LOCAL GOVERNMENT ACT 2003**

**APPLICATION FOR REGISTRATION OF PREMISES and / or PERSONS CONCERNED WITH  
ACUPUNCTURE, TATTOOING, COSMETIC PIERCING, SEMI-PERMANENT SKIN COLOURING AND  
ELECTROLYSIS**

**(PLEASE COMPLETE ALL SECTIONS IN BLACK INK & BLOCK CAPITALS)**

<b>1. APPLICANT DETAILS (MUST BE COMPLETE)</b>			
Full Name*			
Full Postal Address*			
Telephone Number*			
Mobile Number *		Email *	

<b>2. DETAILS OF PREMISES TO BE REGISTERED (MUST BE COMPLETE) (or name and address of existing registered premises where the applicant is to operate from)</b>	
Name of business*	
Full Postal Address*	
Telephone Number*	

<b>3. DESCRIPTION OF PREMISES (MUST BE COMPLETE)</b>	
Arrangements For:  <i>Please see notes to help with the completion of this section</i>  (attach a separate schedule if necessary)	a. Cleaning of premises
	b. Structure, Fittings and equipment
	c. Sterilisation of instruments

Number of rooms :

Please provide a sketch plan of the premises. \*

**4.NATURE OF ACTIVITY FOR WHICH REGISTRATION IS REQUIRED****Please tick where applicable for each activity.**

Acupuncture (see fee structure A)	
Tattooing (see fee structure A)	
Cosmetic piercing (Procedures other than Ear Piercing) (see fee structure A)	
Intimate Piercing* (See Definition in attached notes)	
Ear(Lobe Only) and/or nose piercing only (see fee structure B)	
Semi-permanent skin colouring (see fee structure A)	
Electrolysis (see fee structure A)	

**5.MEMBERSHIP OF PROFESSIONAL BODIES/TRADE ASSOCIATION**

Give details of any memberships with professional bodies or trade associations concerned with the registered activity and membership number:

Name Address of professional/Trade body		Membership Number	
Name Address of professional/Trade body		Membership Number	
Training received Please give details	Training provider and examining body Please attach training certificates.		

**6.FURTHER INFORMATION**

<p>Have you previously been registered in this respect in Torfaen County Borough Council or any other district?</p> <p>Please provide a copy of your registration document* or if it is a Torfaen County Borough Council registration you will need to surrender the old document once you have a new registration for the new premises.</p> <p>If <b>YES</b>, give details Names used and address of premises:</p>	
<p>Have you ever been convicted of any offence under the Act?</p> <p>If <b>YES</b>, give details:</p>	

## 7. FEES

### Activity

### Fees

#### FEE STRUCTURE A

Tattooing, Electrolysis, Acupuncture, Cosmetic skin piercing, Semi-permanent skin colouring (covers the registration of the premises and 1 person)

£200

Additional registered persons

£50 (as part of the premises application) or  
£50 (for existing registered persons who move to another **registered** studio operating within Torfaen only)  
You will need to provide evidence of your previous registration.  
or  
£100 (to add a 'new' person to the registration at a later date)

#### FEE STRUCTURE B

Ear and nose piercing only (covers the registration of the premises and 1 person)

£100

Additional registered persons

£30 (as part of the premises application) or  
£50 (to add a person to the registration at a later date)

\*Please include relevant detail and correct payment with your application. Cheques should be made payable to 'Torfaen County Borough Council'. If you wish to pay by cash please do so in person at one of our offices (**do not send cash in the post**).  
**Credit / debit card payments are also accepted by calling 01633 648009.**

## 8. DECLARATIONS

I do hereby certify that to the best of my knowledge and belief that the above particulars are true

Signed .....

Dated .....

Please email your completed form to: - [commercial.services@torfaen.gov.uk](mailto:commercial.services@torfaen.gov.uk)

Or send via post to:-

Commercial Services, Planning & Public Protection, Ty Blaen Torfaen, Panteg Way, New Inn, Pontypool, Torfaen NP4 0LS

## NOTES:

Please ensure that you have completed all sections of the form AND provide as much evidence as possible for ALL applications. Should the form be incomplete you will be asked to resubmit the form and provide the additional information. This may lead to a delay in your application being processed. Please complete electronically or in **BLACK INK & BLOCK CAPITALS** .

1. Provide your full name which will be used on your registration form.  
Provide your full home postal address
2. Provide the full business name and full address which will also go on your Registration form.
3. This section enables you to provide detail on how you are complying /will comply with the Requirements of the by-laws. Give as much evidence and detail as possible such as:
  - Cleaning of the premises – What chemicals are you going to use for what purpose? Floors, equipment, use of single use paper towels, separate colour coding mops for toilets. Provide copy of your Cleaning Schedule.
  - Structure of the premises – If the room does not have a window the type of extract ventilation system to be used. Is it an easy to clean surface, especially in the treatment rooms/areas e.g. what is the structure painted walls/tiled/UPVC cladding. How many WHB, How many sinks what's their purpose? Are the taps hands free in line with the Byelaws? How many people will be using the area?
  - What equipment are you using? Is it reusable? Give detail and links or paper copies pictures. What equipment do you use for sterilisation? Auto clave – Type & name. Ultra-Sonic cleaner's type & name?  
If you use single use equipment who is your supplier? How do you ensure that stock is in date? What gloves are you using and aprons.
  - Provide the number of rooms that will be used for treatment and a sketch plan of the premises layout. (This does not need to be a posh Architects drawing just a simple sketch plan). Identify the rooms within the sketch plan e.g. Treatment room, where are the beds/seating to be positioned and where the WHB will be situated within treatment room / Toilets WHB within toilet / reception area / waiting room/ kitchen number of sinks/ Cleaning cupboard/ Sharps cupboard(lockable)/ Storage areas for equipment and supplies.
4. Please place a tick against all the treatments you intend to undertake at your premises Within this section.

**\*Intimate Piercing** – Under the Public Health (Wales) Act 2017 Part 5 (Intimate Piercing) it is now an offence for a person in Wales to perform or make arrangements to perform an intimate piercing on a person who is under the age of 18. This means that making **arrangements** to carry out the piercing without any piercing taking place is sufficient for an offence to be committed.

There are ten "intimate areas" specified within the Act and which include the anus, the breast (including the nipple and areola), and the buttock, the natal cleft (the cleft between the buttocks, the penis (including the foreskin), the perineum, the pubic mound, the scrotum, the tongue and the vulva

You are required to take reasonable steps to establish their age unless nobody could reasonably have suspected from the person's appearance that they were under 18. It is important to note that a person under the age of 18 will not be able to give their consent to an intimate piercing, nor will a parent or guardian be able to give consent to an intimate piercing on behalf of a young person.

5. Please provide the name of any professional body that you are a member of.  
Such as: - HABIA, Guild of Professional Beauty Therapists, TPIU, Alliance of Professional Tattooists, BBPA, UKAPP, British Acupuncture Council, Acupuncture Society, Professional Body of Electrolysis, British Institute and Association of Electrolysis.
6. Provide full name and address of previous premises and names used.  
Provide a copy of the registration documents.
7. Provide the correct fees for your application
8. **You must ensure that YOU as the applicant sign and date the form.**

**NOTE:** Once fully complete, including payment (please provide a receipt of payment **WITH** the application), the application will then be processed once all areas have been complete and a valid application has been received followed by an arranged visit to confirm the premises and your procedures are compliant with current standards. This process may take up to 28 days as there is not a dedicated officer to deal with applications. You may be asked to demonstrate your procedures to assess your infection control processes.

Please take all these matters into consideration before you open your new business and allow yourself ample time for the application process. You may be asked to rectify any concerns prior to you opening. You must not undertake any relevant activities until you are fully registered.

**Once an application has been received and we have begun processing your submission a fee refund will not be provided.**

**PLEASE ENSURE THAT THE APPLICATION IS SENT AS ONE UNIT WITH ALL THE REQUIRED INFORMATION AND NOT OVER AN EXTENDED TIME PERIOD.**

Torfaen County Borough Council  
Commercial Services Team  
Planning & Public Protection Service  
Ty Blaen Torfaen  
Panteg Way, New Inn  
Pontypool  
Torfaen NP4 0LS  
Email: [commercial.services@torfaen.gov.uk](mailto:commercial.services@torfaen.gov.uk)  
Tel: 01633 648009

**FEES ARE DUE TO BE REVIEWED IN MARCH 2022.**