|  |  |
| --- | --- |
|  | Falkirk Council Licensing UnitFoundry4 Central ParkCentral BoulevardLarbertFK5 4RUTelephone: 01324 501575E- mail: licensing@falkirk.gov.uk |

**Civic Government (Scotland) Act 1982**

**(Licensing of Skin Piercing and Tattooing) Order 2006**

**Application for the grant/renewal of a Skin Piercing and/or Tattooing Licence**

1. All relevant questions must be answered in block letters or typescript.
2. Failure to fully and accurately complete any section (in particular question 6) of the application form and failure to submit the necessary supporting documentation may render it void.

**Before completing the application please read the guidance notes on: -**

**(i) Applying for a skin piercing and tattooing licence.**

**SECTION 1**

**Question 1**

|  |  |
| --- | --- |
| Is the application in respect of a new grant or renewal? | NEW / RENEWAL |
| If existing give details | Licence No.:Expiry Date: |

**SECTION 2**

**Question 2**

To be completed only if the application is being made by a natural person (i.e. Individual)

|  |  |
| --- | --- |
| (a) Full name of applicant |  |
| (b) Home Address (including postcode) |  |
| (c) Date of Birth |  |
| (d) Town and Country of Birth |  |
| (e) Email Address |  |
| (f) Mobile Telephone Number |  |
| (g) Home Telephone Number |  |
| (h) Works Telephone Number |  |

**Question 3**

|  |  |
| --- | --- |
| Do you intend to carry out the day to day management of the business? | YES/NO |

If you have answered NO you must complete question 5

**Question 4**

To be completed only if the application is by a non-natural (i.e. partnership or company).

|  |  |
| --- | --- |
| (a) Full name of partnership or company. (If a partnership a copy of the agreement must be submitted with application). |  |
| (b) Address of principal/registered office including postcode. |  |
| (c) Telephone number of principal/registered office. |  |
| (d) Registered Company Number. |  |
| (e) E-mail Address |  |

(f) Names, private addresses and place and date of birth of its directors, partners, or other persons responsible for its management (continue on a separate sheet if necessary).

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |
|  |  |  |
|  |  |  |

**Question 5**

To be completed in respect of the employee or agent who is to carry on the day-to-day management of the activity in relation to which the application is made.

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |

|  |  |
| --- | --- |
| E-mail Address |  |
| Mobile Telephone Number |  |
| Work Telephone Number |  |
| Home Telephone Number |  |

**Question 6**

|  |  |
| --- | --- |
| Does any of the persons named in questions 2, 4 or 5 above have any **current** convictions, conditional offers and or fixed penalties recorded against them within or outwith the UK. In the case of renewal application it refers only to such convictions, conditional offers and or fixed penalties since the licence was last granted. | YES/NO |

If yes disclose all such unspent convictions, conditional offers and or fixed penalties.

Failure to disclose all current convictions etc will result in the application being returned to the applicant. (Continue on a separate sheet if necessary).

**(a) Convictions**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Offence | Court or Country outwith UK | Sentence/Penalty |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(b) Conditional Offers and Fixed Penalties**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Offence | Court or Country outwith UK | Sentence/Penalty |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Question 7**

|  |  |
| --- | --- |
| Has any person named in questions 2, 4 or 5 lived outwith the United Kingdom for a period of six months or more within the last 10 years? In the case of renewal application it applies to any person living outwith the United Kingdom for a period of six months or more since the last grant of the licence. | YES/NO |

If yes you are required to provide a Criminal Record Check/verification from the Embassy of the country you resided in. Information on how to obtain this is contained within the guidance notes.

**Question 8**

|  |  |
| --- | --- |
| (a) Has any person named in questions 2, 4, or 5 above previously held or currently holds a Skin Piercing and Licence issued by this or any other authority? | YES/NO |
| (b) If yes which authority granted the licence? |  |
| (c) When was it granted? |  |
| (d) When does it expire? |  |

**Question 9**

|  |  |
| --- | --- |
| (a) Has any person named in questions 2, 4 or 5 above ever applied for and been refused a Skin Piercing and Tattooing Licence by this or any other authority? | YES/NO |
| (b) If yes which authority refused the licence? |  |
| (c) When was it refused? |  |

**If an application for a Skin Piercing and Tattooing licence was refused by this authority within the last year a further application will only be accepted if there has been a material change in circumstance. This information must be provided with the application.**

**SECTION 3**

**Question 10**

Nature of Business / Activity to be licences.

|  |  |
| --- | --- |
|  | **Tick all which apply** |
| Tattooing (including semi-permanent and micropigmentation |  |
| Cosmetic body piercing (including ear piercing) |  |
| Ear piercing only |  |
| Acupuncture |  |
| Electrolysis |  |

**Question 11**

How is the business/activity operated?

|  |  |
| --- | --- |
|  | **Tick which apply** |
| Is it operated by a self-employed proprietor who is the sole operator within a fixed premises?  |  |
| Is it operated by a proprietor who either works along with, or employs other operators within a fixed premises? |  |
| Is it operated by a proprietor who either works along with, or ‘rents’ out facilities to self-employed operators in a fixed premises? Note: all self-employed operators require to be licensed. |  |
| Is it operated by a proprietor who works only from home? |  |
| Is it operated by an operator who works from a mobile unit? |  |

**Question 12**

Specify days and times when it is proposed the business/activity will be carried out.

|  |  |  |
| --- | --- | --- |
| **Day** | **From** | **To** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

**Question 13**

Details of all persons to be authorised to operate under the licence for which this application is being made and who are trained to undertake any of the activities licensed on the licensee’s behalf.

**Note:**

1. This should include any person noted in questions 2, 4 and 5 who will be undertaking any of the activities.

2. All persons undertaking any of the activities should have completed a foundation level first aid training course.

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Home Address (including postcode) |  |
| First Aid Certificate Expiry Date |  |

Details of Skills, Knowledge and any training undertaken\*

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Home Address (including postcode) |  |
| First Aid Certificate Expiry Date |  |

Details of Skills, Knowledge and any training undertaken\*

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Home Address (including postcode) |  |
| First Aid Certificate Expiry Date |  |

Details of Skills, Knowledge and any training undertaken\*

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Home Address (including postcode) |  |
| First Aid Certificate Expiry Date |  |

Details of Skills, Knowledge and any training undertaken\*

\*Continue on a separate sheet if necessary

**SECTION 4 – PREMISES/MOBILE UNITS TO BE LICENCES**

**Question 14**

Details of location of the business/activity to be licensed.

|  |  |
| --- | --- |
| (a) Will the business/activity be operated wholly or mainly in premises? | YES/NO |
| (b) If yes give full postal address, including trading name of premises to be licensed. |  |
| (c) Telephone Number of Premises |  |
| (d) Has there been any previous alterations carried out on the property? |  |
| (e) List any proposed alterations to the premises |  |
| (f) Is the activity carried out on/in the mobile unit? If yes give description and registration number of unit. | YES/NO |
| (g) Is the mobile unit used only to transport the operator/equipment? | YES/NO |

**SECTION 5**

CHECKLIST OF PAPERWORK SUPPORTING THIS APPLICATION

The following relevant documentation must be submitted with the application otherwise the application will not be accepted.

|  |  |
| --- | --- |
| **I confirm that I have enclosed the following** | **Submitted** |
| (a) Criminal Record Check/ Verification from Embassy if required. This applies to all persons named on the application who have lived outwith the UK for any period of at least 6 months within the last 10 years. |  |
| (b) Photographic ID (new applications submitted by individuals only) |  |
| (c) Proof of address. (new applications submitted by individuals only) |  |
| (d) Copy of partnership agreement if required. |  |
| (e) Location and boundary plan showing at least two named roads and surrounding buildings or the situation of the application site in relation to the locality. |  |
| (f) Health and Safety risk assessment for all activities which the business/activity proposes to operate. |  |
| (g) Copy of the Clinical Trade Waste Transfer Note. |  |
| (h) Copy of Public Liability Insurance to the value of £5 million. |  |
| (i) Copy of current Electrical Certificates (as per conditions). |  |
| (j) Copy of current First Aid Certificate(s) for all authorised operators. |  |

**TO BE COMPLETED BY APPLICANT OR DAY TO DAY MANAGER (NEW APPLICATIONS ONLY)**

|  |
| --- |
| I (print full name) …………………………………………………… declare that I have read and understood version 1 of the conditions applicable to the activities I will be carrying for the business/activity which provides skin piercing and/or tattooing.Date:…………………………………Signed………………………………………………………. |

**SECTION 6**

TO BE COMPLETED BY INDVIDUAL, PARTNERSHIP OR COMPANY

Complete (A) or (B) as appropriate. Where declaration (A) is made there must be produced in due course a Certificate of Compliance with Paragraph 2 of Schedule 1 to the Civic Government (Scotland) Act 1982

1. I/We declare that I/We shall for a period of 21 days commencing with the date hereof, display at or near

the premises location so that it can conveniently be read by the public, a notice complying with the requirements of Paragraph 2 of Schedule 1 to the Civic Government (Scotland) Act 1982.

Or

1. I/We declare that I am/we are unable to display a notice of this application at or near the premises location because I/we have no rights of access or other rights enabling me/us to do so, but that I/we have taken the following steps to acquire the necessary rights, namely: (Here specify steps taken)

………………………………………………………………………………………………

 But have been unable to acquire those rights.

**SECTION 7**

**INDIVIDUAL PERSON**

I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Skin Piercing and Tattooing Licence.

Date:

Signature of applicant/agent:

Or Agent address:

**COMPANY / PARTNERSHIP, (\*Insert company / partnership name)**

On behalf of \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Skin Piercing and Tattooing Licence

Date:

Signature of person authorised to sign on behalf of company/partnership:

Address of Signatory (if not already specified in Sections 3 or 4 above)

|  |
| --- |
| Please indicate where all correspondence should be sent to applicant/agent/manger. Also where possible provide e-mail address for correspondence where appropriate.Applicant □ Agent □ Manager □E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud.  It may also share this information with other bodies administering public funds solely for these purposes.**

N.B. Any person who in, or in connection with, the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material matter shall be guilty of an offence and liable, on summary conviction, to a fine.

Your privacy is important to us. You can find out how we deal with your personal information here <http://www.falkirk.gov.uk/privacy/law-licensing/licensing/>