



**Shetland Islands Council
Civic Government (Scotland) Act 1982**

FEE PAID	£
RECEIPT NO.	
DATE RECEIVED	
RECEIVED BY	

APPLICATION FOR A SKIN PIERCING AND TATTOOING LICENCE

PLEASE COMPLETE IN BLOCK CAPITALS

Section 1: Licence Details To be completed by all applicants

Is this a new or renewal application? New Renewal

Type of Licence being applied for:

An operator who employs a number of other operators within a fixed premises Yes No

Name(s) of any operators working under your premises licence:

A self-employed operator working alone within a fixed premises Yes No

An operator who works within a fixed premises and rents space out to other self-employed operators Yes No

An operator who works peripatetically (i.e. alone) renting space in one or more fixed premises Yes No

Section 2: Your Details To be completed by all applicants

First name(s): Surname:

Maiden name (if applicable): Phone number:

Home address (inc. postcode): Date of birth:

Place of birth:

Email:

Will you be responsible for the day-to-day management of the business? Yes No (please complete section 3)

Section 3: Person responsible for day to day management of the business (if different from section 2)

First name(s): Surname:

Maiden name (if applicable): Phone number:

Home address (inc. postcode): Date of birth:

Place of birth:

Email:

Section 4: Premises details To be completed by all applicants

Is the premises address, phone number and email address the same as section 2?

- Yes
 No (if no, complete details below)

Business Name:

Premises Address (*inc. postcode*):

Premises phone number:

Premises email:

Section 4a: Peripatetic Licence – details of the premises you propose to operate in

Business Name:

Business Name:

Premises Address (*inc. postcode*):Premises Address (*inc. postcode*):

Contact Number:

Contact Number:

If you are operating at additional premises, please provide details on a separate sheet.

Section 5: Operating details To be completed by all applicants

Nature of Service to be offered:

- | | |
|---|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Micro-dermal Implants |
| <input type="checkbox"/> Dermal Punches | <input type="checkbox"/> Micro-pigmentation |
| <input type="checkbox"/> Ear Piercing | <input type="checkbox"/> Naval Piercing |
| <input type="checkbox"/> Earlobe Stretching | <input type="checkbox"/> Nose Piercing |
| <input type="checkbox"/> Eyebrow Piercing | <input type="checkbox"/> Scalpelling of Ear Lobes |
| <input type="checkbox"/> Genital Piercing | <input type="checkbox"/> Surface Piercing |
| <input type="checkbox"/> Lip Piercing | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Microblading | <input type="checkbox"/> Tongue Piercing |

Days of the week and the hours during each day when it is proposed the premises will be open.

DAY	HOURS BETWEEN	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Specify the third party/public liability insurance in force for the activity (including treatment risk) giving details of the insurance company and the amount of cover.

Provide a copy of the current insurance certificate & schedule with the application

Please tick to confirm that you have attached a passport size photograph

Section 6: Experience and Qualifications To be completed by all applicants

Detail any relevant qualifications and certificates held.
Course Title, Description and dates undertaken

Provide copies with the application

Section 7: CRIMINAL CONVICTIONS

Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named in this form ever been convicted of **any** crime or offence? Please note that any foreign convictions should be declared. **If no, please write NONE below.**

Date	Court	Offence	Sentence

Section 8: Previous licence refusals and offences To be completed by all applicants

Have any persons named on this form held or does currently hold a licence to carry on the activity of skin piercing and/or tattooing?

YES

NO

If YES, Name of Person

When was the licence granted?

Licence Expiry:

Licence Number:

Which Authority granted the licence?

Have any persons named on this form ever applied for and been refused a licence or had their licence suspended to carry on the activity of skin piercing and/or tattooing?

YES

NO

If Yes, Name of person:

When was it refused?

Which Authority refused the licence?

Section 9: Site Notice Declaration

Delete as applicable:

Where declaration (A) is made there must be produced as soon as possible after the 21 day period a Certificate of Compliance with Site Notice in accordance with Paragraph 2(2) of Schedule 1 to the Civic Government (Scotland) Act 1982.

* **(A) I/We** declare that **I/we** shall, for a period of 21 days commencing with the date on which the application was received by the Council, display at or near the premises so that it can conveniently be read by the public, a Site Notice complying with the requirements of Paragraph 2(3) of Schedule 1 to the Civic Government (Scotland) Act 1982.

OR

* **(B) I/We** declare that **I am/we are** unable to display a Site Notice of this application at or near the premises 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:

but have been unable to acquire those rights.

Section 10: Declarations To be completed by all applicants.

I declare that the particulars given on this form are correct to the best of my knowledge and belief.

I hereby make application to the Council for the **granting/renewal** * of a licence to carry on a business which provides skin piercing or tattooing. I have received and read the general conditions relating to the licensing of skin piercing and tattooing. I enclose the appropriate application fee.

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

Applicant Signature:		Date:	
Name (BLOCK CAPITALS)		Position:	

Please remember to enclose or email in a photo to be attached to your licence. The photo should be clear and should include your head and shoulders.

N.B. Please note that the licensing authority publish a register of licences for each licensable activity in relation to which it has granted a licence.

Data Protection:

Shetland Islands Council will use the information about you on this form to process your licensing application. In processing your application, the information you have provided may be shared between Council departments and with other agencies where necessary. By signing this form you consent to the Council sharing your information in this way. The Council has a duty to process your information fairly and in accordance with the provisions of the Data Protection Act 1998. We will ensure that the information we hold is accurate, up to date, is kept as long as necessary and is otherwise shared only where we are legally obliged to do so. You can request access to the personal information held about you by the Council by writing to the Head of Governance and Law, Legal Department, 8 North Ness Business Park, Lerwick, Shetland.

This form is to be lodged with **Shetland Islands Council, Environmental Health, The Gutters' Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ**. Please note the fee is an application fee; it will not be refunded in the event of the licence application being either withdrawn or refused.