

PIERCING AND TATTOOING (JERSEY) LAW 2002

APPLICATION TO REGISTER PREMISES

To be completed by applicants who operate a premises that falls within the requirements of the above Law

1. Please indicate the treatment/s undertaken on the premises

Acupuncture <input type="checkbox"/>	Body Piercing <input type="checkbox"/>	Ear Piercing <input type="checkbox"/>
Sub category – Dry Needling <input type="checkbox"/>		
Electrolysis <input type="checkbox"/>	Tattooing <input type="checkbox"/>	
	Sub category – Semi-Permanent Make-Up <input type="checkbox"/>	

2. Details of Business Operator

Business/Trading Name	Premises Address	Email Address

(in the case of a company the Registered/ Principal Office)

Telephone Number _____

Name of Business Owner

Forename/s	Surname

Home Address

<p>Postcode _____</p>	<p>Email Address:</p>
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Contact Telephone Number _____

3. Details of Practitioner/s and Treatment/s undertaken at the Premises

Please List all the Practitioners who operate from your premises and the treatments they offer at your premises (continue on another sheet if necessary)

Practitioner's Name	Treatments

4. Declaration

To the best of my knowledge, information and belief, the information provided in this application is true and complete. I confirm that I will comply with the standards as set down in the approved code of practice. I understand that any false statements may provide grounds for refusal of my application to be registered, or if discovered post registration, the cancellation of my registration.

Signature of applicant
(in full by hand)

Position

Date

Please note, on receipt of your application we will invoice you for the registration fee of £100.

Application Checklist:

Have you:

- completed all relevant sections
- signed and dated the declaration

Please return this completed form to:

Jersey Care Commission
1st Floor, Capital House
8 Church Street
St. Helier
JE2 3NN

or scan and email to enquiries@carecommission.je

If you have any queries, please contact the Commission on 445801.