

Application for the Grant or Renewal of a Licence for Skin Piercing or Tattooing

Orkney Islands Council

Civic Government (Scotland) Act 1982

Please read the attached guidance notes before completing this form. Answer Question 1 or 2 and **all** other questions, continuing on separate sheet(s) if necessary. All addresses provided must include post codes.

1. To be completed if applicant is a person (not a company or other business entity).			
1.1. Full name (Block capitals).	Surname.	Forename(s).	
1.2. Home address including post code.			
1.3. Telephone numbers (landlines for home and business; and mobile).			
1.4. Email address.			
1.5. Age, date and place of birth.	Age.	Date of Birth.	Place of Birth.
1.6. Is applicant to carry out day-to-day management of the business? If not, provide full name, address and date and place of birth of any employee or agent so engaged. Provide telephone numbers (landlines for home and business; and mobile) and email address of employee or agent so engaged.	Yes / No (delete as appropriate).		

2. To be completed if applicant is a company or other business entity.	
2.1. Full name of business (Block capitals).	
2.2. Address of principal or registered office of business including post code.	
2.3. Telephone numbers for business (landline and mobile).	
2.4. Email address for business.	

<p>2.5. Names, private addresses and dates and places of birth of directors, partners or other persons responsible for management of business.</p> <p>Provide telephone numbers (landlines for home and business; and mobile) and email addresses of directors, partners or other persons responsible for management of business.</p> <p>Continue on separate sheet(s) if necessary.</p>	
<p>2.6. Full name, address and date and place of birth of employee or agent to carry on day-to-day management of the business.</p> <p>Provide telephone numbers (landlines for home and business; and mobile) and email address of employee or agent.</p>	
<p>3. Specify the type of activity to be carried out, for example tattooing or body piercing, skin piercing, electrolysis or acupuncture etc.</p>	
<p>4. Provide names, addresses and dates and places of birth of all employees or agents who will undertake the activity.</p> <p>Continue on separate sheet(s) if necessary.</p>	

<p>5. Provide information about the knowledge, skill, training and experience you and your employees or agents have in carrying out the activities stated in question 3 above.</p> <p>Continue on separate sheet(s) if necessary and attach copies of appropriate certificates.</p>	
<p>6. State the address of the premises where the activity is to take place, including post code and telephone number.</p> <p>If the activity is not to be carried on wholly or mainly in premises, state "Mobile".</p>	
<p>7. Provide a plan of the premises to show which part or parts, for example which rooms, will be used for the activity and identify the parts here.</p> <p>If the activity is stated as Mobile at question 6 above, provide brief details, for example operating in clients' own homes.</p>	
<p>8. Specify details of public liability insurance (including name of insurance company, amount and extent of liability) in force or proposed. The amount of cover should not be less than £5 million.</p>	<p>The Council will require sight of the Policy prior to issuing any licence.</p>
<p>9. State the days and hours for which the licence is required.</p>	

10. Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named in this application form ever been convicted of any crime or offence? (continue on separate sheet(s) if necessary). Please read the guidance notes accompanying this form before completing this section. Regardless of whether the application is for a new licence or to renew a current licence, this question must be answered. **If any party, including any company or other business entity, named on this application form is stating that they have no convictions to declare, the names of the company or other business entity, as well as all individuals, must be printed below, followed by the answer "None". All names must be accounted for. The question cannot be left blank in relation to any party.**

Name.	Date.	Court.	Offence.	Sentence.

11.1. What type of licence are you applying for? (Tick the relevant box next to your choice.)	Skin Piercing or Tattooing Grant.	
	Skin Piercing or Tattooing Renewal.	
11.2. What length of licence are you applying for? (Tick the relevant box next to your choice.)	One year.	
	Three years.	
12.1. Have any parties named on this application form held or currently hold a skin piercing or tattooing licence? If Yes, provide name(s).	Yes / No (delete as appropriate).	
12.2. When was the licence granted?		
12.3. When did / does it expire?		
12.4. Which Authority granted the licence?		
13.1. Have any parties named on this application form ever applied for and been refused a skin piercing or tattooing licence? If Yes, provide name(s).	Yes / No (delete as appropriate).	
13.2. When was the licence refused?		
13.3. Which Authority refused the licence?		

Declaration:

A. I/We declare that I/We shall, for a period of 21 days commencing with the date hereof, display at or near the premises so that it can conveniently be read by the public, a notice complying with the requirements of paragraph 2(3) of Schedule 1 of the Civic Government (Scotland) Act 1982.

OR

B. I/We declare that I/We are unable to display a 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 I/We have taken the following steps to acquire the necessary rights, namely: (specify steps taken) but have been unable to acquire those rights.

Delete (A) or (B) as appropriate. Where declaration (A) is made, there must be produced as soon as possible after the 21 days a Certificate that the Applicant has displayed the Notice.

C. I/We declare that the particulars given by me/us on this form are correct to the best of my/our knowledge and belief.

D. I/We understand that the Authority is required to collect the information supplied by me/us as detailed in this form in terms of legislation to enable it to make decisions on applications.

E. I/We understand that the information supplied by me/us as detailed in this form may be held and used by the Authority for the purpose of Licensing and that information may be disclosed to Police Scotland and other relevant parties for vetting and background enquiries whilst processing and determining the application.

F. I/We understand that the Authority is under a duty to protect the public funds it administers and to this end may use the information I/we have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Signature of Applicant: _____ Date: _____

Signature of Agent: (if applicable). _____ Date: _____

Any person who in, or in connection with the making of, this application makes any statement which s/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.

Convictions must be declared, subject to the Rehabilitation of Offenders Act 1974. This legislation is available at www.legislation.gov.uk. If you are in any doubt as to whether you require to declare convictions, you must obtain independent legal advice. If you wish to declare that you have no convictions, you must write "None" at question 10 above. You cannot leave the question blank. With reference to the above paragraph, remember that if you do not declare something which you should have declared, you may be prosecuted for failure to declare and this will affect the processing time and procedure for your application.

**To be lodged with Legal Services, Orkney Islands Council, Council Offices,
Kirkwall, Orkney KW15 1NY, together with the appropriate fee and
documentation.**

Form Version: 2013.

Updated: 2018-06-14.

For Official Use.	
Date Received.	
Fee Paid £.	
Expiring.	