**CIVIC GOVERNMENT (SCOTLAND) ACT 1982: SECTION 40**

**APPLICATION FOR GRANT, RENEWAL OR MATERIAL CHANGE OF CIRCUMSTANCES FOR A BUSINESS PROVIDING SKIN PIERCING AND TATTOOING**

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| All questions must be answered unless otherwise stated. If relevant questions are not answered, the application will be deemed incomplete and returned to the applicant.  It is a criminal offence to make any statement which you know to be false or recklessly to make any statement which is materially false. | | | | | | | | | | | | | | | | | | |
| **SECTION 1: TYPE OF LICENCE** | | | | | | | | | | | | | | | | | | |
| **1.1** Specify the type of licence you are applying for | | | | | | | | | | | | | | | | | | |
|  | | | | | | Please tick one box only | | | | | | | | | | | | |
| Grant | | | | | | o | | | | | | | | | | | | |
| Renewal | | | | | | o | | | | | | | | | | | | |
| Material change of circumstances (to a current licence) | | | | | | o | | | | | | | | | | | | |
| If the application is for a material change of circumstances, please detail clearly, the nature of the variation:- | | | | | | | | | | | | | | | | | | |
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| **SECTION 2: APPLICANT/LICENCE HOLDER DETAILS** | | | | | | | | | | | | | | | | | | |
| **2.1** Is the applicant: | | | | | | | | | | | | | | | | | | |
|  | | | | | | **Please tick one box only** | | | | | | | | | | | | |
| An individual | | | | | | o please answer questions 2.2 and 2.3 only | | | | | | | | | | | | |
| A company or other corporate body | | | | | | o please answer questions 2.4 to 2.6 only | | | | | | | | | | | | |
| A Partnership | | | | | | o please answer questions 2.7 to 2.9 only  (a copy of the official partnership agreement must accompany this application) | | | | | | | | | | | | |
| **All applicants must then complete all remaining sections of the form** | | | | | | | | | | | | | | | | | | |
| * 1. Individual applicant | | | | | | | | | | | | | | | | | | |
| Title | Surname | | | | | | First Name(s) | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | |
| Date of birth | | |  | | | | Place of birth | | | | | | | |  | | | |
| Home address (including postcode) | | | | | | |  | | | | | | | | | | | |
| Contact Telephone No: | | | | | | | Email address | | | | | | | | | | | |
| Home:-  Mobile:- | | | | | | |  | | | | | | | | | | | |
| **2.3** Does the applicant carry out day-to-day management of the premises? | | | | | | | | | | | | | | | | | | |
| Yes o | | | | | | | | | No o (Please provide further details below of anyone responsible for the day to day management of the business) | | | | | | | | | |
| Please state full name, address, date of birth and place of birth | | | | | | | | | | | | | | | | | | |
| Full Name | | Address | | | | | | | Date of Birth | | | | | | Place of Birth | | | |
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| **2.4** Company or other corporate body applicant | | | | | | | | | | | | | | | | | | |
| Name of company/corporate body | | | | | | | | | | | | | | | | | | |
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| Address of registered/principal office (including postcode) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Registered company number | | | | | | |  | | | | | | | | | | | |
| If the company is not on the register of companies, please confirm the legal status/entity of the company | | | | | | |  | | | | | | | | | | | |
| Contact Telephone No: | | | | | | | Email address | | | | | | | | | | | |
| Office:-  Mobile:- | | | | | | |  | | | | | | | | | | | |
| **2.5** Please state full name, home address, date of birth and place of birth and email address of all directors (continue on a separate sheet if necessary | | | | | | | | | | | | | | | | | | |
| Full Name | | Home Address | | | | | | | Date of Birth | | | | Place of Birth | | | | | Email address |
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| **2.6** Please state full name, address, date of birth and place of birth of the person who will be responsible for the day-to-day management of the premises (i.e. the manager) | | | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | | Date of Birth | | | | Place of Birth | | | | |
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| **2.7** Name of the Partnership | | | | | | | | | | | | | | | | | | |
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| Registered address of Partnership (including postcode) | | | | | | | | | | | | | | | | | | |
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| Contact Telephone No: | | | | | | | Email address | | | | | | | | | | | |
| Home/Office:-  Mobile:- | | | | | | |  | | | | | | | | | | | |
| You **must** enclose a copy of the formal partnership agreement | | | | | | | Copy enclosed  Yes o No o | | | | | | | | | | | |
| **2.8** Please state full name, home address, date of birth, place of birth and email address of all partners (continue on a separate sheet if necessary | | | | | | | | | | | | | | | | | | |
| Full Name | | Home Address | | | | | | Date of Birth | | | | Place of Birth | | | | | | Email address |
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| **2.9** Please state full name, address, date of birth and place of birth of the person who will be responsible for the day-to-day management of the premises (i.e. the manager) | | | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | | Date of Birth | | | | | | Place of Birth | | |
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| **SECTION 3: LICENCE DETAILS** | | | | | | | | | | | | | | | | | | |
| **Please select which activity/activities you will provide**  NB Please see attached guidance note which provides information on all activities | | | | | | | | | | | | | | | | | | |
| Cosmetic Body Piercing | | | | | | | | | | | o | | | | | | | |
| Acupuncture | | | | | | | | | | | o | | | | | | | |
| Tattooing | | | | | | | | | | | o | | | | | | | |
| Electrolysis | | | | | | | | | | | o | | | | | | | |
| Where the applicant is not an individual (e.g. is a company or partnership), please provide details of all persons carrying out any form of skin piercing or tattooing. You must also completed section 6 for these persons. | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | Address | | | | | | | Date of Birth | | | | | Place of Birth | |
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| **SECTION 4: PREMISES DETAILS** | | |
| Name of the Premises | | |
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| Premises address (including postcode) | | |
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| Premises Telephone No | Premises email address | |
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| **Are the premises ready for inspection by Environmental Health?**  It is a legal requirement that all pre-licence conditions detailed within Section 4 of the attached guidance note are met before a licence can be granted. It is strongly recommended that you ensure that the premises meet all of these requirements prior to the application being submitted. Environmental Health will thereafter arrange to visit and inspect the premises. It may delay processing your application if the pre-licence conditions have not been met and the premises are not ready for inspection. | | Yes o No o |

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| **SECTION 5: DAYS/HOURS OF OPERATION** | | |
| **Day** | **Opening Time** | **Closing Time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

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| **SECTION 6 : KNOWLEDGE, SKILLS, TRAINING AND EXPERIENCE** | | | |
| The Licensing Authority, when determining whether the applicant is a fit and proper person to be the holder of the licence, shall have regard to the knowledge, skills, training and experience of the applicant.  In respect of the applicant, please provide full details of all knowledge, skills, training and experience acquired to date in respect of skin piercing or tattooing or both. Where the applicant is a non-natural person i.e. company/partnership etc please provide this information in respect of any person carrying out the activity | | | |
| Name of individual to whom this relates | Date/s | Business or training establishment | Nature of experience and duties undertaken at that time/Title of training/formal accreditation (Copy of certificates must be attached) |
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| **SECTION 7: CRIMINAL CONVICTIONS** | | | | | |
| Have you or any other person named in this application ever been convicted of any crime or offence (subject to the terms of the Rehabilitation of Offenders Act 1974)? | | | Yes o  (please detail any convictions below – continue on a separate sheet if necessary) | | No o |
| Failure to disclose these matters is a criminal offence. If you are unsure of your convictions, a certified copy may be applied for from Police Scotland, Police Station, Loreburn Street, Dumfries (a fee may apply). | | | | | |
| Date | Court | Offence | | Sentence | |
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| **SECTION 8: CHECKLIST AND ENCLOSURES** | |
| I confirm that I have enclosed the following: (please tick) | |
| * The relevant application fee * £306 for the grant or renewal of a Skin Piercing & Tattooing Licence * £92 for consent to a material change   (please note this fee is non-refundable) | o |
| * Copy of public liability insurance certificate showing cover for not less than £2 million | o |
| * Photocopy of relevant training certificates or any other documentation which evidences knowledge, skill, training and experience of the applicant or any persons carrying out the activity | o |
| I have read and agree to the privacy notice found at [www.dumgal.gov.uk/privacy](http://www.dumgal.gov.uk/privacy) | o |

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| **SECTION 9: DECLARATION AND SIGNATURES** | |
| I declare that   1. the particulars given by me on this application form are true; 2. I authorise Dumfries and Galloway Council to make such enquiries with Police Scotland, Scottish Fire and Rescue Service, Environmental Health, Roads Service and other agencies as the Council considers appropriate.   3) In respect of your application, you must display a site notice at or nearby the premises so that it can be conveniently read by the public beginning on the date your application is submitted and received as completed. That notice will contain such information as is required by paragraph 2(3) of Schedule 1 to the Civic Government (Scotland) Act 1982 or you must confirm that you are unable to display the notice and provide reasons below (a).  As soon as possible after the notice has been displayed for the required dates, you must confirm that the notice has been displayed in accordance with the statutory requirements. There is a section within the site Notice that allows you to confirm the statutory display.  **FOR THE AVOIDANCE OF DOUBT, THE SITE NOTICE DOES NOT ACCOMPANY THIS APPLICATION FORM – IT WILL BE FORWARDED TO YOU BY THE LICENSING SERVICE FOR DISPLAY ONCE YOUR FORM HAS BEEN CHECKED AND PAYMENT TAKEN.**  a) I am/we are unable to display a notice of this application at or near the premises because:-  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 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. For further information, see <https://www.dumgal.gov.uk/fairprocessing> | |
|  | |
| Signature of applicant or agent. If signing on behalf of the applicant, please state in what capacity | |
| Signature |  |
| Date |  |
| Capacity |  |
| Contact Telephone number |  |
| Email |  |

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| **SECTION 10: NOTES** |
| Completed application forms should be returned to [licensing@dumgal.gov.uk](mailto:licensing@dumgal.gov.uk) |
| Payment can be made by debit or credit card. You will be contacted for payment once your application has been checked and accepted as final. Please provide the most appropriate telephone number for the payment:- |

**Guidance Notes for Applicants**

**Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing Order) 2006.**

**1. Activities**

Skin piercing and tattooing includes:

1. Acupuncture i.e. the insertion of needles into living tissue for remedial or therapeutic purposes.
2. Cosmetic Body Piercing i.e. the perforation of the skin and underlying tissue in order to create a tunnel in the skin through which jewellery may be inserted.
3. Electrolysis i.e. the removal of body hair by electrocution
4. Tattooing i.e. the insertion into the skin of any colouring material designed to leave a semi permanent or permanent mark including micropigmentation and microblading.

**2. Person or Premises – Licensing Requirements**

A licence will be required by businesses or self-employed individuals operating either independently within premises or in a peripatetic manner. In order to clarify the requirements for a range of potential circumstances that may arise, the table below provides examples for illustration to assist. It is your responsibility to ensure that you obtain the correct licence for the correct person/s.

|  |  |
| --- | --- |
| **Situation** | **Requirement** |
| Self-employed operator working alone within a premises | Operator shall require a licence for the carrying on of their business and is required to comply with all conditions of that licence. The licence holder shall be responsible for:   * ensuring that any changes to the original licence application are notified to the issuing authority within 30 days. * surrendering the licence to the issuing authority if called upon to do so for the purpose of alteration. |
| Operator who employs a number of other operators within a fixed premises | Employer shall require a licence for the carrying on of their business and shall be responsible for:   * ensuring that all operators in their employment are sufficiently trained and experienced, commensurate with the procedures they are carrying out * ensuring that any individual undergoing training is continually supervised by a competent individual * ensuring that they, and all those in their employment, comply with all conditions of the licence. * Ensuring that any changes to the original licence application are notified to the issuing authority within 30 days, e.g. change of operators. * Surrendering the licence to the issuing authority if called upon to do so for the purpose of alteration. |
| Operator who works within a fixed premises and rents space out to self-employed operators | The principal operator, i.e. the one who is in charge of the premises and rents out space to other operators, shall require a licence for the carrying on of their own business and is required to comply with all conditions of that licence.  All self-employed operators working within the premises shall require a licence for the carrying on of their business. This is because they are not under the direction of the principal operator and must therefore be considered separately. Where the self-employed operator works from more than one premises, all premises within which they operate should be detailed on that licence. If these premises are different local authority areas the operator requires a licence from each authority.  NB Someone who is merely landlord and not an operator will not require a licence. It is the licence holder’s responsibility to ensure that the premises comply with the licence conditions.  The licence holder is responsible for:   * Ensuring that any changes to the original licence application are notified to the issuing authority within 30 days. * Surrendering the licence to the issuing authority if called upon to do so for the purpose of alteration. |
| Operator who works solely from home | Operator shall require a licence for the carrying on of their business and is required to comply with all conditions of that licence.  \*The home shall be treated as a premises for the purposes of the licensing process and should meet all requirements of the 2006 order.  The licence holder is responsible for:   * ensuring that any changes to the original licence application are notified to the issuing authority within 30 days. * surrendering the licence to the issuing authority if called upon to do so for the purpose of alteration. |
| Operator who works peripatetically renting space in one or more fixed premises   |  | | --- | |  | | Operator shall require a licence from every local authority within which they will operate and is required to comply with all conditions of those licences.  The licence holder is responsible for:   * ensuring that any changes to the original licence application are notified to the issuing authority within 30 days. * surrendering the licence to the issuing authority if called upon to do so for the purpose of alteration. |
| Operator who works peripatetically in clients’ homes or other such premises | When considering applications from peripatetic operators, an equivalent level of compliance is required as for fixed premises. Due to the likely inability to comply with all national licence conditions, it is not considered appropriate or acceptable for licenses to be granted to peripatetic operators who propose to work in clients’ homes or other such premises.  As such, licenses issued to peripatetic operators should relate to operating peripatetically from one or more fixed premises e.g. renting space in multiple fixed premises and not at client’s homes or similar premises |

**3. In terms of the Order, no licence is required for:**

a) Regulated Healthcare Professionals

A regulated healthcare professional is a member of a profession regulated by a body mentioned in [section 25(3)](http://uk.westlaw.com/Document/I893151E0E44811DA8D70A0E70A78ED65/View/FullText.html?originationContext=document&transitionType=DocumentItem&vr=3.0&rs=PLUK1.0&contextData=(sc.Search)) of the [National Health Service Reform and Health Care Professions Act 2002](http://uk.westlaw.com/Document/I5FA220E0E42311DAA7CF8F68F6EE57AB/View/FullText.html?originationContext=document&transitionType=DocumentItem&vr=3.0&rs=PLUK1.0&contextData=(sc.Search)) (the 2002 Act). At the date of publication, these bodies include:

* General Medical Council
* General Dental Council
* General Optical Council
* General Osteopathic Council
* General Chiropractic Council
* General Pharmaceutical Council
* Pharmaceutical Society of Northern Ireland (subject to section 26(6) of the 2002 Act)
* Nursing and Midwifery Council
* Health and Care Professions Council
* Social Work England

Prospective applicants for a licence who consider that this exemption may apply to them should seek advice from their own professional body.

b) If you are not carrying on a business which provides skin piercing or tattooing

**4. Conditions that must be met in law before a licence is granted**

Applicants should note that if the application relates to premises, the application cannot be granted unless the undernoted conditions are met. It is recommended that you ensure that all these conditions are met in advance of an inspection of your premises by Environmental Health. Failure to do so may mean a delay in the processing of your application

a) separate rooms are provided for

i) the waiting area and

ii) the carrying out of skin piercing and tattooing

b) the waiting area has displayed a notice advising

i) that skin piercing and tattooing will not be carried out on any person under the influence of alcohol or drugs;

ii) that skin piercing will not be carried out on any child under the age of 16 unless accompanied by a person who has parental rights and responsibilities in respect of that child and who has also given their consent in writing to the skin piercing and

iii) that tattooing will not be carried out on any person under the age of 18

c) the room to be used for the purposes of carrying out the skin piercing or tattooing has the following facilities

i) a sink with hot and cold running water which uses non-hand operated taps

ii) a paper towel holder containing paper towels

iii) a soap dispenser containing soap

iv) a washable bench or chair with disposable paper sheet

v) a dispenser containing alcohol solution

vi) a sharps container for storage of needles after use and

vii) a first aid kit

d) where applicable, the following equipment is stored and properly maintained for use on the premises

i) ultrasonic cleaners

ii) instrument baths

iii) autoclaves and autoclave pouches and

e) the premises are well ventilated and illuminated for the purposes of skin piercing and tattooing

**5. Miscellaneous**

1. Please ensure you submit the appropriate fee along with your application(s). Failure to do so will result in your application being returned and a delay in the processing of your licence application.
2. On your application, please state the maximum hours you anticipate trading within. Please note that any future change of trading hours, outwith the hours originally stipulated will require to be officially notified to the Council by way of an application for consent to material change in circumstances.
3. Please ensure you display the site notice in a part of your premises where it is clearly visible to the public for a period of no less than 21 days from the date the application was lodged with the Council. Following this period, send the entire Site Notice to Licensing, Kirkbank House, English Street, Dumfries, DG1 2HS
4. Please note that it is your responsibility to ensure that the activity you request to be licensed is stated specifically on the application form.