



**NORTH LANARKSHIRE COUNCIL  
GUIDELINES FOR LICENSING OF SKIN PIERCING AND TATTOOING  
LICENCE APPLICATION**

Before lodging your application for a licence for skin piercing and tattooing please ensure that you have read the following guidance notes.

1. A licence is required to carry on a business which provides skin piercing or tattooing and which includes acupuncture, cosmetic body piercing and electrolysis.  
**NB All self-employed operators working within any premises shall each require to apply for a licence for the carrying on of their individual business.**
  2. 'Acupuncture' means the insertion of needles into living tissue for remedial or therapeutic purposes.
  3. 'Cosmetic body piercing' means the perforation of the skin and underlying tissue in order to create a tunnel in the skin through which jewellery may be inserted.
  4. 'Electrolysis' means the removal of body hair by electrocution of the hair roots with an electrified needle.
  5. 'Tattooing' means the insertion into the skin of any colouring material designed to leave a semi-permanent or permanent mark including micro pigmentation.
  6. Where the applicant is a natural person, the whole of question 1 must be completed, and question 2 should be ignored.
  7. Where the applicant is a company, partnership or other non-natural person, the whole of question 2 must be completed and question 1 should be ignored.
  8. The lodging fees for application for a 3 year licence are detailed on the Environmental Health Fees and Charges page on North Lanarkshire Council's website.  
(<https://www.northlanarkshire.gov.uk/pests-and-pollution/public-and-environmental-health/environmental-health-fees-and-charges>)  
These include fees for:
    - Premises where operator works alone, employs others or rents out space to self-employed
    - Renewal application (applies to same premises only)
    - Self-employed working within premises licensed to another operator
    - Renewal application (self-employed working within premises licensed to another operator)
    - Application for variation (e.g. proposed amendments to day to day manager or director after licence has been granted). Application for variation will not affect the expiry date for the licence.
- These fees are payable when the application is lodged and are non- refundable. The application is not competent until the fee is paid.**
9. The enclosed public Notice requires to be completed and displayed at or near the premises where the activity of skin piercing or tattooing will be wholly or mainly carried out and where it can be easily read by the passing public in the street, for a period of 21 days, starting on the day on which the application is lodged.
  10. Whilst processing the application, the following will be consulted: -  
Environmental Health, Building Standards, Development Control (Planning), Trading Standards, Police Scotland and the Scottish Fire and Rescue Service.
  11. The application form cannot be accepted unless all relevant sections (including section 4) are fully and accurately completed.
  12. Proof of public liability insurance should be provided with the application. (Public liability insurance can also be referred to as third party liability insurance)
  13. Where the activity of skin piercing or tattooing is to be carried out wholly or mainly in premises (except where a business provides only ear piercing and no other kind of skin piercing or tattooing), the conditions contained in Schedule 1 paragraph 5 subparagraph 2B of the Civic Government (Scotland) Act 1982, including any subsequent amendments thereto, require to be met before the licence is granted and will also form part of the licence conditions. These conditions are detailed in Appendix 1 to this application form.

14. Where a business provides only ear piercing and no other kind of skin piercing or tattooing and this activity is to be carried out wholly or mainly in premises, the conditions contained in Schedule 1 paragraph 5 sub-paragraph 2BA of the Civic Government (Scotland) Act 1982, including any subsequent amendments thereto, require to be met before the licence is granted and will also form part of the licence conditions. These conditions are detailed in Appendix 2 to this application form.
15. Where the activity of skin piercing or tattooing is to be carried out, the conditions contained in Schedule 1 paragraph 5 sub-paragraphs 2B, 2BA, 2C and 2D of the Civic Government (Scotland) Act 1982, including any subsequent amendments thereto, will be imposed within the terms of the licence. The licensing authority may attach such reasonable conditions as they think fit, with each application being decided on its own merits. In this respect I would draw to your attention that North Lanarkshire Council has adopted the National Conditions prepared by the Scottish Licensing of Skin Piercing and Tattooing Working Group with amendments and these will also be imposed within the terms of the licence, as will approved North Lanarkshire Council conditions in respect of the activity not being carried out wholly or mainly in premises.
16. Your attention is drawn to Appendix 3 which details conditions to be attached to the licence as detailed in 15 above.
17. Should further conditions require to be added after the licence has been granted, the Licensing Authority will follow the procedure set out within the Civic Government (Scotland) Act, 1982 to vary the terms of the licence.
18. The enclosed Certificate of Compliance requires to be completed and returned to Protective Services Division of Regulatory Services and Waste Solutions at the address detailed below only after the 21-day notice period is over.
19. Please note that when we consider 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 licences to be granted to peripatetic operators who propose to work in clients' homes or other such premises. As such, licences issued to peripatetic operators will 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.
20. If you are unclear about any of the above do not hesitate to contact the Business Regulation Team on 01236 856361.
21. The completed form together with the fee and evidence of public liability Insurance (third party liability insurance) should be sent to: -

**Protective Services Manager  
Business Regulation Team  
Community Operations  
Station House  
950 Old Edinburgh Road  
Bellshill  
ML4 3FG**

**NORTH LANARKSHIRE COUNCIL**  
Civic Government (Scotland) Act 1982

| FOR OFFICE USE ONLY |  |               |   |
|---------------------|--|---------------|---|
| Date Received       |  | Fee paid      | £ |
| Received by         |  | Date Fee Paid |   |
| Method of payment   |  | Receipt No    |   |

**APPLICATION FOR GRANT OR RENEWAL OF A SKIN PIERCING / TATTOOING LICENCE**

EACH QUESTION IN RELEVANT SECTIONS MUST BE ANSWERED (IN BLOCK CAPITALS AND BLACK INK)

| SECTION 1 - TO BE COMPLETED BY THE APPLICANT                                                                                                                     |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>PLEASE INDICATE WHICH TYPE OF LICENCE YOU ARE APPLYING FOR:</b>                                                                                               |                                                                                                               |
| Skin piercing/tattooing licence (initial application)<br>(Premises where operator works alone, employs others or rents out space to self-employed)               |                                                                                                               |
| Skin piercing/tattooing licence (renewal application)<br>(Premises where operator works alone, employs others or rents out space to self-employed)               |                                                                                                               |
| Skin piercing/tattooing licence (initial application)<br>(Self - Employed working within a Premises licensed to another operator)                                |                                                                                                               |
| Skin piercing/tattooing licence (renewal application)<br>(Self - Employed working within a Premises licensed to another operator)                                |                                                                                                               |
| SECTION 2 - TO BE COMPLETED IF A NATURAL PERSON                                                                                                                  |                                                                                                               |
| FULL NAME:                                                                                                                                                       | STATUS:<br><b>MR/ MRS/ MS / Other-please state.....</b>                                                       |
| HOME ADDRESS:                                                                                                                                                    | AGE:                                                                                                          |
| POSTCODE:                                                                                                                                                        | DATE OF BIRTH:                                                                                                |
|                                                                                                                                                                  | PLACE OF BIRTH:                                                                                               |
| DAYTIME TELEPHONE NUMBER:                                                                                                                                        | HOME TELEPHONE NUMBER:                                                                                        |
| EMAIL ADDRESS                                                                                                                                                    |                                                                                                               |
| IS THE APPLICANT TO CARRY OUT<br>DAY TO DAYMANAGEMENT OF THE<br>ACTIVITY?<br><br><b>YES/NO</b>                                                                   | IF <b>NO</b> , GIVE <b>FULL NAME, ADDRESS</b> AND <b>DATE OF BIRTH</b><br>OF ANYEMPLOYEE OR AGENT SO ENGAGED. |
| SECTION 3 - TO BE COMPLETED IF NOT A NATURAL PERSON (e.g. COMPANY OR PARTNERSHIP)                                                                                |                                                                                                               |
| FULL NAME:                                                                                                                                                       | ADDRESS OF PRINCIPAL OR REGISTERED OFFICE:                                                                    |
| DAYTIME TELEPHONE NUMBER:                                                                                                                                        |                                                                                                               |
| <b>FULL NAMES, PRIVATE ADDRESSES AND DATES OF BIRTH OF DIRECTORS, PARTNERS OR OTHERPERSONS RESPONSIBLE FOR ITS MANAGEMENT (USE SEPARATE SHEET IF NECESSARY).</b> |                                                                                                               |

FULL NAME, PRIVATE ADDRESS AND DATE OF BIRTH OF EMPLOYEE OR AGENT TO CARRY OUT DAY TO DAY MANAGEMENT OF THE ACTIVITY.

CONTACT EMAIL ADDRESS(ES)

#### SECTION 4 - TO BE COMPLETED BY THE APPLICANT

IS APPLICATION FOR GRANT OR ☐ RENEWAL ☐

IF PREVIOUSLY LICENSED, STATE DATE LICENCE WAS GRANTED AND EXPIRY DATE:  
FROM .....UNTIL.....

WHERE THE BUSINESS IS TO BE CONDUCTED IN PREMISES PLEASE STATE

(A) TRADE NAME FOR PREMISES:

(B) ADDRESS OF PREMISES INCLUDING POST CODE:

(C) NAME AND ADDRESS OF OWNER/LANDLORD OF PREMISES:

WHERE THE BUSINESS IS **NOT** TO BE CONDUCTED IN FIXED COMMERCIAL PREMISES PLEASE STATE

(A) **PRECISELY** WHERE THE BUSINESS WILL BE CONDUCTED , INCLUDING VEHICLE, MOVEABLE FACILITY OR HOME VISITS (**PLEASE REFER TO PARAGRAPH 19 IN GUIDELINES**)

(B) WHERE EQUIPMENT WILL BE STORED WHEN NOT IN USE

SPECIFY THE DAYS AND HOURS OF BUSINESS:

#### TICK THE SERVICES YOU INTEND TO CARRY OUT

|                                                  |     |    |
|--------------------------------------------------|-----|----|
| ACUPUNCTURE                                      | YES | NO |
| COSMETIC BODY PIERCING                           | YES | NO |
| COSMETIC BODY PIERCING (EAR PIERCING ONLY )      | YES | NO |
| ELECTROLYSIS                                     | YES | NO |
| TATTOOING(INCLUDES PERMANENT AND SEMI-PERMANENT) | YES | NO |

NAMES, ADDRESSES INCLUDING POST CODES AND DATES OF BIRTH OF ANY PERSONS WHO WILL CARRY OUT THE ACTIVITY AT THE PREMISES (CONTINUE ON A SEPARATE SHEET IF NECESSARY)

| Name | Address | Date of birth | Employed by the applicant or self employed? |
|------|---------|---------------|---------------------------------------------|
|      |         |               |                                             |
|      |         |               |                                             |
|      |         |               |                                             |

|                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                            |          |                          |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------|----------|--------------------------|-----------------------------------|
| STATE THE KNOWLEDGE, SKILL, TRAINING AND EXPERIENCE WHICH YOU THE APPLICANT (OR WHERE THE APPLICANT IS NOT A NATURAL PERSON, THOSE INDIVIDUALS WHO CARRY OUT DAY TO DAY MANAGEMENT OF ACTIVITY) CAN DEMONSTRATE IN RELATION TO THE APPLICANT ACTIVITY OR ACTIVITIES WHICH ARE TO BE CARRIED ON (CONTINUE ON A SEPARATE SHEET IF NECESSARY, ATTACH ANY APPROPRIATE CERTIFICATES) |                             |                                                            |          |                          |                                   |
| WHAT KNOWLEDGE, SKILL, TRAINING AND EXPERIENCE IN CARRYING OUT THE ACTIVITY DO <b><u>ALL</u></b> THOSE NAMED ABOVE HAVE? (CONTINUE ON A separate SHEET IF NECESSARY. ATTACH ANY APPROPRIATE CERTIFICATES FOR EACH).<br><b>Please include details regarding applicant, employees and self employed operating at the premises</b>                                                 |                             |                                                            |          |                          |                                   |
| DO YOU PROVIDE THE FOLLOWING EQUIPMENT?                                                                                                                                                                                                                                                                                                                                         |                             |                                                            |          |                          |                                   |
| ULTRASONIC CLEANER                                                                                                                                                                                                                                                                                                                                                              | YES                         | <input type="checkbox"/>                                   | NO       | <input type="checkbox"/> |                                   |
| INSTRUMENT BATH                                                                                                                                                                                                                                                                                                                                                                 | YES                         | <input type="checkbox"/>                                   | NO       | <input type="checkbox"/> |                                   |
| AUTOCLAVE                                                                                                                                                                                                                                                                                                                                                                       | YES                         | <input type="checkbox"/>                                   | NO       | <input type="checkbox"/> |                                   |
| AUTOCLAVE POUCHES                                                                                                                                                                                                                                                                                                                                                               | YES                         | <input type="checkbox"/>                                   | NO       | <input type="checkbox"/> |                                   |
| PLEASE STATE MAKE, MODEL AND SERIAL NUMBER OF ALL AUTOCLAVES                                                                                                                                                                                                                                                                                                                    |                             |                                                            |          |                          |                                   |
| PLEASE TICK TYPE(S) OF AUTOCLAVE(S) USED                                                                                                                                                                                                                                                                                                                                        |                             |                                                            |          |                          |                                   |
| NON VACUUM                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>    |                                                            | VACUUM S | <input type="checkbox"/> | VACUUM B <input type="checkbox"/> |
| PLEASE STATE MAKE, MODEL AND SERIAL NUMBER OF ULTRASONIC BATH(S)                                                                                                                                                                                                                                                                                                                |                             |                                                            |          |                          |                                   |
| WHERE THE ACTIVITY OF SKIN PIERCING AND TATTOOING IS TO BE CARRIED OUT WHOLLY OR MAINLY IN PREMISES, DO YOU CURRENTLY COMPLY WITH THE CONDITIONS DETAILED IN APPENDIX 1?                                                                                                                                                                                                        |                             |                                                            |          |                          |                                   |
| YES <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | NO <input type="checkbox"/> | NOT APPLICABLE, EAR PIERCING ONLY <input type="checkbox"/> |          |                          |                                   |
| WHERE THE ACTIVITY OF EAR PIERCING IS THE ONLY FORM OF SKIN PIERCING CARRIED OUT WHOLLY OR MAINLY IN PREMISES, DO YOU CURRENTLY COMPLY WITH THE CONDITIONS DETAILED IN APPENDIX 2 ?                                                                                                                                                                                             |                             |                                                            |          |                          |                                   |
| YES <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | NO <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/>                    |          |                          |                                   |
| WILL YOU BE ABLE TO COMPLY WITH THE CONDITIONS TO BE ATTACHED TO THE LICENCE (SEE APPENDIX 3) IF YOUR APPLICATION IS GRANTED?                                                                                                                                                                                                                                                   |                             |                                                            |          |                          |                                   |
| YES <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | NO <input type="checkbox"/> | IF NO, STATE WHY NOT                                       |          |                          |                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SECTION 5 - TO BE COMPLETED BY ALL CATEGORIES OF APPLICANT</b>                                                                                                                                                                                                                                                                                                                                                                                           |  |
| HAS ANY PARTY NAMED IN THIS APPLICATION EVER BEEN CONVICTED OF <b>ANY</b> CRIME OR OFFENCE (THIS INCLUDES CONTRAVENTION'S OF BYELAWS, ENVIRONMENTAL HEALTH/FOOD HYGIENE REGULATIONS AND ROAD TRAFFIC OFFENCES AND ANY OTHER CONVICTION OF ANY KIND)? IF SO, SUBJECT TO THE PROVISIONS OF THE REHABILITATION OF OFFENDERS ACT 1974, PLEASE GIVE PARTICULARS BELOW. INCLUDE OFFENCES FOR WHICH YOU WERE ADMONISHED (CONTINUE ON SEPARATE SHEET IF NECESSARY). |  |
| PLEASE ANSWER <b>YES</b> OR <b>NO</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

PLEASE ANSWER **YES** OR **NO**\_\_\_\_\_

| NAME | DATE | COURT | OFFENCE | SENTENCE |
|------|------|-------|---------|----------|
|      |      |       |         |          |

|                                                                                                                                                       |                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <p>HAVE YOU EVER APPLIED FOR AND BEEN REFUSED A LICENCE FOR THE SAME OR SIMILAR TYPE OF ACTIVITY?</p> <p><b>YES/NO</b></p>                            | <p>IF <b>YES</b> WHEN WERE YOU REFUSED?</p> <p>FOR WHICH TYPE OF ACTIVITY WERE YOU REFUSED? WHICH AUTHORITY REFUSED YOU A LICENCE/PERMIT?</p> |
| <p>DO YOU CURRENTLY OR HAVE YOU PREVIOUSLY HELD ANY LICENCE UNDER THE PROVISION OF THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982?</p> <p><b>YES/NO</b></p> | <p>IF <b>YES</b>, FOR WHICH TYPE OF ACTIVITY?</p> <p>WHEN WAS THE LICENCE GRANTED?</p> <p>WHICH AUTHORITY GRANTED THE LICENCE?</p>            |

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## **DECLARATION**

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(A) I DECLARE THAT I SHALL, FOR A PERIOD OF 21 DAYS COMMENCING WITH 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.

(B) I DECLARE THAT ALL PARTICULARS GIVEN BY ME ON THIS FORM ARE TRUE AND HEREBY CONSENT TO THE COUNCIL CARRYING OUT SUCH BACKGROUND INQUIRIES AS THEY CONSIDER NECESSARY TO ASCERTAIN MY SUITABILITY AS AN APPLICANT.

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 NOT EXCEEDING **£2,500**

**SIGNATURES:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

(WHERE A CO-PARTNERSHIP, EACH PARTNER SHOULD SIGN. IF A FIRM, STATE POSITION OF SIGNATORY)

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## **IMPORTANT NOTES**

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(1) YOU MUST ENCLOSE THE FOLLOWING WITH THE APPLICATION FORM:

(a) THE RELEVANT FEE. **(PLEASE REFER TO PARAGRAPH 8 IN GUIDELINES AND NOTE THAT THE FEE IS TO COVER THE COSTS OF PROCESSING THE APPLICATION AND IS NOT REFUNDABLE).**

(b) PROOF OF PUBLIC LIABILITY INSURANCE.

**N.B. Your application is not competent until the fee is paid and the documentation specified above has been submitted to this Service**

(2) IN THE EVENT OF ANY FURTHER ENQUIRIES PLEASE TELEPHONE 01236 856361

**TO BE COMPLETED AND RETURNED TO:**

**Protective Services Manager  
Business Regulation Team  
Community Operations  
Station House  
950 Old Edinburgh Road  
Bellshill  
ML4 3FG**

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## PRIVACY NOTICE

North Lanarkshire Council is a controller under the Data Protection Act 2018 and at all times will comply with the terms of the Act and General Data Protection Regulation when processing your personal data. Personal data is any information which, on its own or referenced against other data held by us, could identify a natural person, directly or indirectly.

The information you supply on this form will be used by North Lanarkshire Council to process your application for a licence. We will use your information to verify your identity where required, contact you by post, email or telephone to maintain our records and for certain research and statistical reasons. The Council will use this information because we need to do so in terms of the Civic Government (Scotland) Act 1982 and other licensing legislation. The information will be shared with Police Scotland in full and a redacted version will be shared with other consultees including the Fire Authority, if appropriate. For example we will not share criminal conviction information with anyone other than Police Scotland. This is necessary to provide this service and to fulfil the Council's legal obligations in terms of the legislation and to perform a task carried out in the public interest. We may also need to process more sensitive personal information about you for reasons of substantial public interest as set out in the General Data Protection Regulations and the Data Protection Act 2018.

The information collected on this form will be retained by North Lanarkshire Council for six years for Freedom of Information purposes from the date the licence is issued or refused.

If you do not provide us with the information we have asked for then we will not be able to provide this service to you. You can find out more about how we handle this information and your rights in respect of it by going to the Council's website at <https://www.northlanarkshire.gov.uk/your-council/managing-information/data-protection>. If you do not have access to a computer and wish a paper copy please let us know by contacting Head of Business for Legal and Democratic Solutions, Civic Centre, Windmillhill Street, Motherwell, ML1 1AB.

If you have provided anyone else's details on this form, please make sure that you have told them that you have given their information to North Lanarkshire Council. We will use the information in the same way as your personal information and may verify the information you have given with the person and may use it as if it is your information to assist in determining your application. If this other person wants more information on how we will use their information they can visit our website.

### What are your rights?

You have a right to see the information we hold on you by making a request in writing or by the email to the addresses below. If at any point you believe the information we process on you is incorrect you can request to have it corrected. If you wish to raise a complaint on how we have handled your information, you can contact our Data Protection Officer who will investigate the matter. If you are not satisfied with our response or believe we are not processing your information in accordance with the law you can complain to the Information Commissioner's Office (ICO).

If you need any further information please contact North Lanarkshire Council's Data Protection Officer by post at:

**The Data Protection Officer  
North Lanarkshire Council  
Civic Centre  
Windmillhill Street  
Motherwell  
ML1 1AB**

Or by email at [AIParalegalTeam@northlan.gov.uk](mailto:AIParalegalTeam@northlan.gov.uk)

You have the right to complain directly to the Information Commissioner's Office (ICO). The address of their head office is: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5EF. Telephone 0303 123 1113. Alternatively, you can report a concern via their website at [www.ico.org.uk](http://www.ico.org.uk)

The ICO also have a regional office at 45 Melville Street, Edinburgh EH3 7HL. Telephone 0303 123 1115, email: [Scotland@ico.org.uk](mailto:Scotland@ico.org.uk)

**NORTH LANARKSHIRE COUNCIL**  
Civic Government (Scotland) Act 1982  
***Application for Skin Piercing/Tattooing Licence***  
**NOTICE FOR DISPLAY AT PREMISES**

**NOTICE IS HEREBY GIVEN** that application has been made on (DATE)\_\_\_\_\_to North Lanarkshire Council for the carrying on of a business which provides skin piercing or tattooing in respect of premises at: (ADDRESS)\_\_\_\_\_

**BY: \*(a) IF NON-NATURAL PERSON**

**Name:**

.....

**Registered Office:**

.....

.....

**Names of Directors, Partners or other persons responsible for management:**

.....

**and Addresses:**

.....

.....

**Day –to- Day Manager:**

.....

**Address:**

.....

.....

**\*(b) IF NATURAL PERSON**

**Name:**

.....

**Address:**

.....

.....

**Day-to-Day Manager:**

.....

**Address:**

.....

.....

Any objections and representations in relation to the application may be made to: **Protective Services Manager, Business Regulation Team, Community Operations, Station House, 950 Old Edinburgh Road, Bellshill, ML4 3FG.** generally **within 21 days** of the above mentioned date. Objections and representations should be made in accordance with the following provisions, namely:-

- (1) Any objections or representation relating to an application for the grant or renewal of a licence shall be entertained by the licensing authority if, but only if, the objection or representation –
  - (a) is in writing;
  - (b) specifies the grounds of the objection or, as the case may be, the nature of the representation;
  - (c) specifies the name and address of the person making it;
  - (d) is signed by him or on his behalf;
  - (e) was made to them within 21 days of the date of the notice being displayed.
- (2) Notwithstanding (1)(e) above, it shall be competent for a licensing authority to entertain an objection or representation received by them before they take a final decision upon the application to which it relates if they are satisfied that there is sufficient reason why it was not made in the time required.
- (3) An objection or representation shall be made for the purposes of (1) above if it is delivered by hand within the time there specified to the licensing authority or posted (by registered or recorded delivery post) so that in the normal course of post it might be expected to be delivered to them within that time.

**NORTH LANARKSHIRE COUNCIL**  
**Civic Government (Scotland) Act 1982 Application for Skin Piercing/Tattooing Licence**  
**NOTICE FOR DISPLAY AT PREMISES**

**NOTES FOR APPLICANT:**

1. The notice overleaf must be displayed at or near the premises to which the application refers, for a period of 21 days, commencing on the date that the application fee is paid.
2. Following The Expiry Of The 21 Day Period displaying this notice, a Certificate Of Compliance In Terms Of The Civic Government (Scotland) Act, 1982 requires to be submitted

# CIVIC GOVERNMENT (SCOTLAND) ACT, 1982

## CERTIFICATE OF COMPLIANCE

I,.....applicant for a Licence for the carrying on of a business which provides skin piercing and/or (delete as necessary) tattooing hereby certify that a Notice in respect of skin piercing and/or tattooing (delete as necessary) has been posted at or near the premises at:

.....  
.....  
.....  
.....  
.....

from.....to..... containing such information as is required by Paragraph 2(3) of Schedule 1 to the above Act.

\*Where the said Notice was removed, obscured or defaced during the above-mentioned period, I took reasonable steps for its protection and replacement as follows (give details and circumstances):

.....  
.....  
.....  
.....  
.....

Signature: ..... Date: .....

\*Delete if not applicable

**N.B. THIS CERTIFICATE OF COMPLIANCE SHOULD BE SUBMITTED AFTER THE 21 DAY PERIOD OF DISPLAY OF 'NOTICE FOR DISPLAY AT PREMISES'**

**TO BE COMPLETED AND RETURNED TO:**      **Protective Services Manager  
Business Regulation Team,  
Community Operations  
Station House  
950 Old Edinburgh Road  
Bellshill  
ML4 3FG**

**ANY RELEVANT ADDITIONAL INFORMATION**[illegible]

**Name:**

**Signed:**

**Date:**

## Appendix 1

**Where the activity of skin piercing or tattooing is to be carried out wholly or mainly in premises( except where the business provides only ear piercing and no other kind of skin piercing or tattooing), the following conditions require to be met before licence will be granted or renewed and will also be imposed within the terms of the licence, namely that-**

1 (a) separate rooms are provided for–

- (i) the waiting area; and
- (ii) the carrying out of skin piercing or 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 wash-hand basin with hot and cold running water and 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 waste bucket with a pedal operated lid;
- (vii) a sharps container for storage of needles after use; and
- (viii) a first aid kit;

(ca) there is a general purpose sink with hot and cold running water on the premises separate from the wash-hand basin required under sub-paragraph (c)(i) above;

(d) unless only disposable instruments are used for skin-piercing or tattooing, the following equipment is stored and properly maintained for use on the premises–

- (i) ultrasonic cleaners;
- (ii) instrument baths; and
- (iii) autoclaves and autoclaves pouches; and

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

## Appendix 2

**Where the business provides only ear piercing and no other kind of skin piercing or tattooing and the activity is to be carried out only wholly or mainly in premises, the following conditions require to be met before the licence will be granted or renewed and will also be imposed within the terms of the licence, namely that-**

2 (a) a separate area with a washable chair with disposable paper sheet has been designated for the carrying out of ear piercing;

(b) the designated area has displayed a notice advising–

- (i) that ear piercing will not be carried out on any person under the influence of alcohol or drugs;
- (ii) that ear 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 ear piercing;

(c) the premises to be used for the purposes of carrying out ear piercing has the following facilities

- (i) a wash-hand basin with hot and cold running water;
- (ii) a paper towel holder containing paper towels;
- (iii) a soap dispenser containing soap;
- (iv) a dispenser containing alcohol solution; and
- (v) a waste bucket with a pedal operated lid; and

(d) the premises are well ventilated and illuminated.

## **Appendix 3**

### **Licensing of Skin Piercing and Tattooing Conditions as Amended**

#### **GENERAL**

1. The Licence holder must surrender the Licence if and when called upon to do so by the Licensing Authority for the purpose of alteration in accordance with any decision of the Licensing Authority.
2. The Licence holder shall notify the Licensing Authority in writing within 30 days of any change from the information provided in the original licence application.
3. The Licence holders shall ensure that they are covered by an adequate policy of Public Liability Insurance/Third Party Liability Insurance with a reputable company and an appropriate certificate shall be displayed at all times on the premises or, where the activity is not carried out mainly from a premises, be available for inspection.
4. The Licence holder shall provide information, in an easy to understand format, to every prospective client to explain –
  - (1) The process of skin piercing or tattooing;
  - (2) The risks of the procedure;
  - (3) The contra-indications to the skin piercing or tattooing procedure and
  - (4) The aftercare requirements of the procedure.
5. The Licence holder shall ensure that every prospective client has read and understood the above information prior to undertaking skin piercing or tattooing.
6. The Licence holder shall ensure that any client who presents a condition that is a contra-indication to the skin piercing or tattooing procedure is asked to seek medical advice from their GP prior to the treatment being carried out. Written authorisation from the client's GP shall be provided prior to any treatment being undertaken. A copy of this information shall be retained with the written records of the client's personal details.
7. The Licence holder shall ensure that a pre-treatment questionnaire is completed for each client, which has been signed by the operator and countersigned by the client.
8. The Licence holder shall ensure the following written records of the clients personal details are retained for a period of 2 years:
  - (1) Name, address and contact telephone number,
  - (2) Date of birth
  - (3) Relevant medical history
  - (4) Procedure undertaken, including position on the body, type of jewellery used (if applicable),
  - (5) Name of the practitioner who carried out the skin piercing or tattooing,
  - (6) Date and time when the skin piercing or tattooing was undertaken.
  - (7) Details of any reported problems associated with skin piercing or tattooing.

9. The Licence holder shall ensure that written information is provided to each client explaining the appropriate aftercare requirements for the skin piercing or tattooing provided. This must include the contact details of the operator.
10. The Licence holder shall ensure that every operator is capable of demonstrating that they have sufficient knowledge, skill, training and experience commensurate with the skin piercing or tattooing activities they carry out. The Licence holder shall retain a record of the information provided.
11. The Licence holder shall ensure that persons undergoing training or practical experience in skin piercing or tattooing shall remain under the direct supervision of a competent person at all times.
12. The Licence holder shall ensure that any person who undertakes skin piercing or tattooing is not under the influence of drugs or alcohol.
13. The Licence holder shall ensure that only sterile single use disposable needles appropriate to the purpose are used for skin piercing or tattooing. New needles shall be used for each client.
14. The Licence holder shall ensure that all operators maintain an acceptable standard of personal cleanliness.
15. The Licence holder shall ensure that the activity of tattooing or skin piercing (other than acupuncture) is carried out by an operator wearing disposable non-latex gloves with sufficient protection for the task being undertaken. The gloves must be changed for each client and as necessary during the skin piercing or tattooing procedure.
16. The Licence holder shall ensure that any equipment liable to come in to contact with bodily fluids and, which is not disposable and cannot be sterilised (e.g. tattoo motors) shall be protected from such contact, so far as is reasonably practicable, and thoroughly cleaned with fresh disinfectant after each use.
17. The Licence holder shall ensure that tattooing is not carried out on any person under the age of 18.
18. The Licence holder shall ensure that skin piercing is not 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.
19. Where written consent has been provided, the person having the parental rights and responsibilities shall include in their written consent;
  - (1) their relationship to the client,
  - (2) the name, address and age of the person to be pierced,
  - (3) the type of piercing,
  - (4) the type of body jewellery to be used and
  - (5) the consent must be signed and dated by them.
20. The Licence holder shall ensure that only sterile pigment for dispensing into single-use pots or ink pre-packed in single use vials is supplied to them and used for tattooing purposes. Pots and ink shall be renewed for each client.
21. The Licence holder shall ensure that all inks used for tattooing purposes has an indication of their durability on all labels and that they are used and stored in accordance with any manufacturer's instructions.

22. All products such as antiseptic creams, petroleum jelly, inks, tattoo stencils etc. used for skin piercing or tattooing must be single use or dispensed using a single use instrument to a single use receptacle. Products, instruments and receptacles shall be renewed for each client.
23. All used forceps, kidney dishes, needle bars, ink capsule holders, clamps and other equipment in close contact with a break in the skin or mucous membranes shall be cleaned, ultrasonically cleaned and autoclaved prior to use on the next client.
24. The Licence holder shall ensure that equipment with hollow cavities, equipment wrapped or enclosed in pouches or porous loads are sterilised using an appropriate vacuum autoclave that is deemed appropriate for that purpose by the manufacturer
25. The Licence holder shall ensure that for tongue piercing, a sterilised clamp is used.
26. The Licence holder shall ensure that for ear piercing only, ear piercing guns and a sterile cartridge is used.
27. The Licence holder shall ensure that piercing guns are not used for piercing the ear or nose cartilage unless it is designed to do so.
28. The Licence holder shall ensure that only pre-sterilised jewellery supplied in packaging, which indicates the part of the body for which it is intended, is used with the ear piercing and nose piercing guns, and that jewellery must only be inserted into the part of the body for which it is intended.
29. The Licence holder shall ensure that only single use disposable razors are used to assist with skin piercing or tattooing.
30. The Licence holder shall ensure that where applicable supplies of the following items are available at all times –
  - (1) Disposable non-latex gloves;
  - (2) Disposable razors where tattooing is provided;
  - (3) Sterile single use disposable needles;
  - (4) Appropriate cleaning, disinfection and sterilisation products.
  - (5) Autoclave pouches (where an appropriate vacuum autoclave is used for sterilisation of instruments).
31. The Licence holder shall ensure that all jewellery to be inserted in the skin created by skin piercing must be sterile prior to insertion.
32. The licence holder shall ensure that all jewellery is compliant with the Dangerous Substances and Preparations (Nickel) Safety Regulations.
33. The Licence holder shall ensure that all equipment used in conjunction with skin piercing or tattooing is stored in such a way as to ensure their cleanliness.
34. The Licence Holder shall ensure that, unless only disposable instruments and equipment are used for skin piercing and tattooing, the following equipment is provided and properly maintained for use –
  - (1) Ultrasonic cleaner(s);
  - (2) Instrument bath(s); and
  - (3) Autoclaves and autoclaves pouches where appropriate.

35. The Licence holder shall ensure that prior to skin piercing or tattooing all operators shall thoroughly wash with a suitable soap and hot water and dry with clean disposable paper towels.
36. Prior to any treatment being carried out, the area of the body to be treated shall be cleaned using an appropriate skin safe antiseptic.
37. For skin piercings, if the area to be pierced requires to be marked, a single use water based marker pen or single use markers must be used.
38. The Licence holder shall make available to every operator inoculations against Hepatitis B.
39. The Licence holder shall ensure that suitable recorded risk assessments are undertaken of their activities.
40. The Licence holder shall ensure all operators hold a current first aid certificate to foundation (1-Day) level.
41. A first aid kit, which is readily available and appropriately stocked, shall be provided.
42. The Licence holder shall ensure that waste that comprises clinical waste as defined in the current Controlled Waste Regulations shall be disposed of by a contractor licensed under the Waste Management Licensing Regulations. Records of the disposal of all waste shall be retained on the premises.
43. The Licence holder shall ensure that all waste designated as clinical waste shall be stored, collected and disposed of in accordance with the Environmental Protection Act and the Controlled Waste Regulations.
44. The Licence holder shall ensure that a suitable sharps container for the storage of needles after use is provided which conforms to the British Standard requirements and is stored out of reach of the client.
45. The Licence holder shall ensure that domestic waste and clinical waste is appropriately segregated and stored in appropriately marked bags.
  - (a) The Licence holder shall ensure that any equipment, which is disposable, is disposed of immediately after each use in an appropriate waste receptacle.
46. The Licence holder shall ensure that pressure systems used which fall within the scope of the Pressure Systems Safety Regulations shall be subject of a written scheme of examination and shall be examined in accordance with that written scheme of examination, as required by the Pressure Systems Safety Regulations. A copy of the written scheme of examination and the examination results shall be available for inspection.
47. In addition to the calibration and pressure tests required by the Pressure Systems Safety Regulations, autoclaves shall be subject to regular tests as recommended by the manufacturer or other appropriate guidance to ensure their effective operation. The results of the tests shall be recorded in a logbook for the autoclave and this shall be retained by the Licence holder and be available for inspection.

#### **ADDITIONAL CONDITIONS APPLICABLE WHERE THE ACTIVITY IS TO BE CARRIED OUT WHOLLY OR MAINLY FROM PREMISES**

48. The Licence permits the use of the Premises specified therein as a place for the carrying on of a business, which provides skin piercing or tattooing, as defined in the Licence. The Licence must be exhibited in the Premises in such a place and in such a manner as to be easily read by the public.

49. The Licence holders or, in the absence of the Licence holders, a person authorised by them, must be in charge of the premises during licensed activities.
50. The Licence holders shall ensure that separate rooms are provided for a waiting area and the carrying out of skin piercing or tattooing.
51. The Licence holders shall ensure that they display notices in the waiting area of the premises:-
  - (1) advising that skin piercing and tattooing will not be carried out on any person under the influence of alcohol or drugs;
  - (2) advising 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
  - (3) advising that tattooing will not be carried out on any person under the age of 18.
  - (4) listing the names of licensed and authorised operators.
  - (5) advising of the risks associated with skin piercing and/or tattooing.
52. The Licence holder shall ensure a full-face photograph of each operator is clearly displayed in the waiting area so that all customers may easily identify him or her.
53. The Licence holder shall ensure that the room used for the purposes of carrying out the skin piercing or tattooing has the following facilities –
  - (1) A wash hand basin with hot and cold running water and which uses non-hand operated taps. Hand washing notices to be displayed at the wash hand basin;
  - (2) Smooth and impervious floor and wall surfaces capable of being easily cleaned
  - (3) A paper towel holder containing paper towels;
  - (4) A soap dispenser containing soap.
  - (5) A dispenser containing alcohol solution for cleaning purposes;
  - (6) A washable bench or chair with disposable paper sheet;
  - (7) Waste buckets with pedal operated lids for clinical waste and general waste;
  - (8) A sharps container for storage of needles after use that is stored out of reach from the client; and
54. The Licence holder shall ensure a general-purpose sink with hot and cold running water is provided on the premises for cleaning and sterilisation purposes, separate from the required wash hand basin. This should be located out-with the treatment area wherever possible.
55. The Licence holder shall ensure the tables, couches and seats used for the purposes of skin piercing and tattooing shall be thoroughly disinfected between treatments and at the end of each working day.
56. The Licence holder shall ensure that all skin piercing and tattooing activities are undertaken in conditions of appropriate privacy.

57. The Licence holder shall ensure that the accommodation and facilities within the premises are maintained in good repair and in a good state of cleanliness appropriate to the activities undertaken.
58. The Licence holder shall ensure that the premises are effectively ventilated and illuminated for the purposes of skin piercing and tattooing.
59. Electrical systems at the premises shall comply with the current legislation and with the Institute of Electrical Engineers Wiring Regulations (BS7671:2001) applicable at the time of the installation or any subsequent replacement or renewal. Electrical systems shall include both fixed installations and electrical equipment. The Council may at any time require the Licence holders, within a reasonable period of time, to effect such remedial works as may be necessary to ensure that the said installations comply with the current legislation and regulations.
60. The Licence holder shall produce electrical certificates for the electrical systems and will make them available upon request.

**ADDITIONAL CONDITIONS APPLICABLE WHERE THE ACTIVITY IS NOT TO BE CARRIED OUT WHOLLY OR MAINLY FROM PREMISES**

61. The Licence holder shall carry at all times a copy of their skin piercing/tattooing licence when undertaking such activities, and this must be made available to clients or Officers from the local authority upon request.
62. The Licence holder shall have appropriate means of identification at all times, including photographic evidence so that all customers may easily identify him or her.
63. The licence holder shall ensure that any seating used for the skin piercing or tattooing is washable and covered with a disposable paper sheet, which shall be renewed after each use.
64. (a) Adequate provision shall be made by the mobile operator for hand washing before, after and as necessary during tattooing or skin piercing procedures  
  
(b) Adequate provision shall be made for the cleaning of equipment. Any sink provided for this purpose shall be suitably sized, provided with hot and cold water and be suitably located.
65. The Licence holder shall produce electrical certificates for all portable electrical appliances and will make them available upon request.

**AMENDED CONDITIONS APPLICABLE TO A BUSINESS PROVIDING ONLY EAR PIERCING WHERE THE ACTIVITY IS TO BE CARRIED OUT WHOLLY OR MAINLY FROM PREMISES**

66. The Licence holder-undertaking ear piercing with the use of an ear-piercing gun shall ensure that a separate area with a washable chair with disposable paper sheet has been designated for the carrying out of that activity within the premises.
67. The Licence holders shall ensure that they display notices in the designated area of the premises:-
  - (1) advising that ear piercing will not be carried out on any person under the influence of alcohol or drugs;
  - (2) advising that ear 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 ear piercing; and
  - (3) listing the names of licensed and authorised practitioners.
  - (4) advising of the risks associated with ear piercing

68. The Licence holder shall ensure a full-face photograph of each operator is clearly displayed in the designated area so that all customers may easily identify him or her.
69. The Licence holder-undertaking ear piercing only shall ensure that the premises has the following facilities conveniently located to the designated area:
- (1) a wash hand basin with hot and cold running water;
  - (2) a paper towel holder containing paper towels,
  - (3) a soap dispenser containing soap,
  - (4) a dispenser containing alcohol solution for cleaning purposes
  - (5) a waste bucket with a pedal operated lid
70. The Licence holder shall ensure that the designated area is effectively ventilated and illuminated for the purposes of ear piercing.

#### **SPECIFIC CONDITIONS APPLICABLE TO ACUPUNCTURE ONLY**

71. The Licence holder shall ensure that operators wash their hands immediately before carrying out the activity of acupuncture on each client.
72. The Licence holder shall ensure that the activity of acupuncture is carried out by an operator wearing disposable non-latex gloves that have not been previously used with another client where:
- (1) the operator has an open lesion on their hands,
  - (2) the operator is handling items that may be contaminated with blood or other body fluids,
  - (3) the client is bleeding or has an open lesion on an exposed part of the client's body,
  - (4) the client is known by the operator to be infected with a blood-borne virus.

## Definitions

**“Licence Holders”** means the person, persons, company, firm, public body or voluntary organisation named in the Licence;

**“Premises”** means the premises specified in the Licence.

**“acupuncture”** means the insertion of needles into living tissue for remedial or therapeutic purposes;

**“cosmetic body piercing”** means the perforation of the skin and underlying tissue in order to create a tunnel in the skin through which jewellery may be inserted;

**“electrolysis”** means the removal of body hair by electrocution of the hair roots with an electrified needle;

**“hospital”** means any health service hospital within the meaning of section 108(1) of the National Health Service (Scotland) Act 1978;

**“independent clinic”** has the same meaning as in section 77(1) of the Regulation of Care (Scotland) Act 2001;

**“skin piercing”** includes any of the following –

- (a) acupuncture;
- (b) cosmetic body piercing; or
- (c) electrolysis.

**“tattooing”** means the insertion into the skin of any colouring material designed to leave a semi-permanent or permanent mark including micro-pigmentation.

**“autoclave”** means a pressure vessel in which the lid is sealed by the internal pressure in the vessel and which is used to steam sterilise equipment used for skin piercing or tattooing.

**“sharps container”** means a container used for holding medical waste and devices, which can cause physical injury.

**“ultrasonic cleaner”** means a cleaning device, which uses sound waves propagated through an aqueous medium at frequencies higher than the audible range.