



# STOCKPORT

METROPOLITAN BOROUGH COUNCIL

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

## APPLICATION FOR REGISTRATION OF PERSON(S) TO CARRY OUT THE PRACTICE OF ACUPUNCTURE

*I give the following particulars*

Full name:

Home address:

Tel no:

Premises at which the activity is to be carried on (if any):

Qualifications (if any):

Please tick to confirm that you are 18 years of age or older.

Signed \_\_\_\_\_

Date \_\_\_\_\_

A fee of £\_\_\_\_\_ (payable to Stockport MBC) is required together with 2 passport photographs.

Please return to:

**Licensing Team  
Stockport MBC  
4th Floor, Stopford House  
Piccadilly  
Stockport  
SK1 3XE**