

## The Leicestershire Act 1985 Registration of a person carrying on the business of a Hairdresser or Barbers

The Leicestershire Act requires any person carrying on the business of a hairdresser or barber within the district of Blaby to be registered with the Council, along with any premises from which the business is operated

| Name of Applican  | t:                                     |                                |  |
|---|--|--------------------------------|--|
| Home Address:   |  |                                |  |
|   |  |                                |  |
|   |  |                                |  |
| Email:  |  |                                |  |
| Contact Number:   |  | •••••                          |  |
| Please complete S   | ection A & C - Person                  | al Registration as a           | a hairdresser or barber                  |
| Section A   |  |                                |  |
| Please indicate if:<br>Working at fixed pren<br>Mobile Hairdresser: | nises                                  |                                | £ 70.00 per person<br>£ 70.00 per person |
| If you will be working  | at a premises please give              | details below:                 |  |
| Premises Name:  |  |                                |  |
| Address:  |  |                                |  |
|   |  |                                |  |
|   |  |                                |  |
| Contact No:   |  |                                |  |
| Are the premises alre<br>or barber?                                 | eady registered for the purp           | oose of carry on a bu<br>YES □ | siness of a hairdresser<br>NO □          |
| If No, please complet   | e Section B of this form. I            | f Yes please now cor           | nplete section C                         |
| Please complete S of a hairdresser or                               | ection B & C - <b>Premis</b><br>barber | <b>es</b> registration to c    | arry on the business                     |
| Section B   |  |                                | £120.00 per premises                     |
| Business Name:  |  |                                |  |
| Address:  |  |                                |  |
|   |  |                                |  |
| Contact No & email:   |  |                                |  |

| Type of business premises  |   |            |  |  |
|--|---|------------|--|--|
| (Please give a brief description the Premises)   |   |            |  |  |
| Has the Applicant ever been conv   | victed of an offence under the Act?         | □ YES □ NO |  |  |
| (If yes, please give details)  |   |            |  |  |
|  |   |            |  |  |
| Section C  |   |            |  |  |
| DECLARATION  |   |            |  |  |
| This authority is obliged to protect the public funds that it administers & therefore may use the information provided for the purposes of prevention & detection of crime. This information may also be shared with other bodies responsible for auditing or administering public funds for these purposes. In so far as required such processing will be done in accordance with the Data Protection Act 2018. |   |            |  |  |
|  | oply to Blaby District Council in this form | •          |  |  |

in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (when in force). We may share this information with other council departments, local authorities, government departments or law enforcement organisations to improve service delivery or for the prevention or detection of crime and fraud where the law allows this. Further information on how we handle your personal information can be found on the

Data Protection Notice web page.

1. I declare that the answers given in this application are true and correct to the best of my knowledge.

2. I have also read and understood the Data Protection Privacy notice

| and give Blaby District Co<br>organisations necessary to | uncil permission to share my data with other process my application. |
|--|--|
| Signature of Applicant(s)                                |  |
| Print name of Applicant(s)                               |  |
| Date   |  |

Payment to be made either by debit/credit card or by cheque payable to Blaby District Council

Please send your completed and signed form and correct fee/fees to:

Licensing Section
Blaby District Council
Desford Road
Narborough
Leicestershire
LE19 2EP