## **SECTION F**

To be completed for EACH Tattooist/Piercer (Not applicable to Therapists/Operatives, complete Section E)

Information provided forms part of the application and Croydon Council will consult with the Fire Authority, Health and Safety and Police on each application.

All tattooists/piercers must provide previous work experience or qualifications gained in the treatment(s) they will be offering at the premises.

Name				
Home Address				
Telephone Number	Date of Birth		f Birth	
Special Treatment(s) Qual		alification(s)	<u>Level(s) Gained</u>	
Tattooing				
Piercing				
Tattoo Removal				
UK Previous Work Experience: ( please list the names and addresses of all previous studios worked and the duration)				
Premises Address			<u>Duration</u>	
Any Overseas Work Experien and the duration)	ce: ( please list the i	names and addre	esses of all previous studios worked	
<u>Premises Address</u>			<u>Duration</u>	
DECLARATION				
Name (Printed)	Signature		Date	