



**Nottinghamshire County Council Act 1985 (Part IV)**

**APPLICATION FOR NEW LICENCE, TRANSFER, VARIATION OR RENEWAL OF  
LICENCE FOR THE OPERATION OF AN ESTABLISHMENT  
FOR THE USE OF INTENSE LIGHT SYSTEMS AND/OR LASER EQUIPMENT ONLY**

**Section 1 INTENSE LIGHT SYSTEMS AND/OR LASER EQUIPMENT ONLY**

**To be fully completed by the applicant in all cases**

I/We hereby apply for a licence: (delete as appropriate) Grant / Transfer/ Variation/ Renewal

**PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS**

1	Name of <b>Applicant/Company</b>				
2	Maiden /Former Name(s) (if applicable)				
3	Date Of Birth and Place of birth (if applicable)				
4	Address of <b>Applicant</b>	_____			
		_____			
		_____			
	Post Code				
	Telephone Number				
4	Email Address				
5	Status of <b>Applicant</b>	Individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
				Company	<input type="checkbox"/>
6	Trading Name of premises to be licensed				
7	Registered address of Company (if applicable)	_____			
		_____			
		_____			
	Post Code				
	Telephone Number				
8	Company No. (if applicable)				
9	Full Name and Address of premises to be licensed	_____			
		_____			
		_____			
	Post Code				
	Telephone Number				
10	Will the applicant normally be in attendance at the establishment? (Please tick the appropriate box)	YES	<input type="checkbox"/>	Full Time	<input type="checkbox"/>
				Part Time *	<input type="checkbox"/>
		NO *	<input type="checkbox"/>		

11	* Where the applicant is not in full time attendance at the premises you must provide details (including contact details) of the person having day-to-day responsibility for running the premises; and whether that person will normally be in attendance at the premises.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
12	Name and address of Business Laser Protection Advisor ( <b>LPA</b> )	<hr/> <hr/> <hr/> <hr/>	
		Post Code	
		Telephone Number	
13	Details of qualifications of the <b>LPA</b>	<hr/> <hr/> <hr/>	
14	Name and address of Laser Premises Supervisor ( <b>LPS</b> )	<hr/> <hr/> <hr/> <hr/>	
		Post Code	
		Telephone Number	
15	Please list the Laser and or Intense Light System (S) (Prescribed Equipment) to be used at the premises and operating frequency of the equipment (use separate sheet if necessary)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
16	Please provide details of eye protection to be used with the above equipment. (Include British Standard Reference No.)	<hr/> <hr/> <hr/> <hr/> <hr/>	
17	<b><u>Name of Practitioners (Authorised Users) of the equipment</u></b> Note: A Practitioner's Registration Form must be completed for each practitioner at the premises, INCLUDING THE LPS where appropriate.	1. <hr/> 2. <hr/> 3. <hr/> 4. <hr/> 5. <hr/>	
18	<b><u>Please attach the following documents</u></b>		√
		1. A copy of the Treatment Protocol produced or approved by an Expert Medical Practitioner for each Laser and /or Intense Light System (Prescribed Equipment) to be used on the premises	
		2. A copy of the Local Rules, Risk Assessment	
		3. Completed Practitioner Registration Forms including certificates and photographs	
		4. A plan of the premises (see attached guidance)	
		5. A copy of the public liability insurance (with schedule) for the premises	

**List of Treatments (Please tick all that apply)**

<b>Vascular Treatments</b>	<b>Ablative Treatment</b>
Port wine stains	Removal of epidermal layers
Telangectasia	Acne scarring
Thread veins	Wart removal
Leg veins	Benign lesions
<b>Pigmented Treatments</b>	<b>Photo-Rejuvenation</b>
Tattoo removal	Photo-aging
Pigmented lesions	Rosacea
Lentignes	Large pores
Photo-aging	Mottled pigmentation
<b>Hair Removal</b>	<b>Any other Treatment (Please list)</b>
Body and facial hair	
Hair management for hirsutism	

\*\*A fee of **£216.00** will be paid for a NEW application

\*\*A fee of **£139.00** will be paid for a RENEWAL application

Payment can be made over the phone on 01623 463181

**DECLARATION:** I have provided the documentation as required within section 19 of this application form. I declare that the information that I have provided is correct to the best of my knowledge and understand that I will be guilty of an offence if I knowingly provide false information. I agree to comply with the conditions attached to any licence issued to me under the Nottinghamshire County Council Act 1985 (Part IV).

Signature

Date

\*\* Please delete as applicable

Under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004 Mansfield District Council may have to release the information contained in this form if asked to do so. The information you provide will be processed in accordance with the Data Protection Act 1998 which protects your personal information. Your personal information may be shared with other departments of the Council, other local authorities and government departments and agencies such as the Police to prevent and detect fraud, corruption, money laundering and other crimes and to manage your affairs in circumstances where the Data Protection Act allows us to do so. Your personal information will not be released except where the law allows. For further information, see [www.mansfield.gov.uk](http://www.mansfield.gov.uk) or contact the licensing department on 01623 463388.

## **Privacy Notice**

We will use the information provided by you for assessing your application. The basis under which the Council uses personal data for this purpose is a Legal Obligation.

The information provided by you includes the following special categories of personal data:

- genetic/biometric data

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.

The information that you have provided will be kept in accordance with the Council's retention schedule which can be found at [www.mansfield.gov.uk/Privacy](http://www.mansfield.gov.uk/Privacy)

The information provided by you may also be used for the purpose of any other function carried out by the Council. Information about these functions and the legal basis on which information is used by them, your rights and the Council's Data Protection Officer (DPO) can be found on the Council's detailed privacy notice which can be found at [www.mansfield.gov.uk/Privacy](http://www.mansfield.gov.uk/Privacy) on the Council's website or requesting a copy by writing to:

The Data Protection Officer  
Mansfield District Council  
Chesterfield Road South,  
Mansfield,  
Nottinghamshire  
NG19 7BH.



**Nottinghamshire County Council Act 1985 (Part IV)**

**PRACTITIONERS (AUTHORIZED USER) REGISTRATION FORM**

**FOR THE USE OF INTENSE LIGHT SYSTEMS AND/OR LASER EQUIPMENT (PRESCRIBED EQUIPMENT) ONLY**

Section 2 - Practitioner

**To be fully completed by the applicant in all cases**

**PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS**

1.	Name of <b>Premises</b>		
2	Address of <b>Premises</b>		
		Post Code:	
	Telephone Number		
3	Name of <b>Practitioner (Authorised User)</b> to be registered		
4	Maiden /Former Name(s)		
5	Date Of Birth and Place of birth		
6	Home address of <b>Practitioner (Authorised User)</b>		
		Post Code:	
	Telephone Number:		
	Email address:		
7	Have you been previously licensed to use Laser/Intense Light equipment (Prescribed Equipment) with any other Local Authority?  If Yes, please provide details of the Local Authority (s)		
8	Please attach a passport size photograph of yourself		

All Practitioners are required to complete the treatment and qualifications table [below](#). You must attach a photocopy of the certificate or training record to this registration form as proof that you have received the qualification.

<b>List of Treatments</b>		<b>Qualification – Please attach certificates.</b>
<b>Vascular Treatments</b>		
Port wine stains		
Telangectasia		
Thread veins		
Leg veins		
<b>Pigmented Treatments</b>		
Tattoo removal		
Pigmented lesions		
Lentignes		
Photo-aging		
<b>Hair Removal</b>		
Body and facial hair		
Hair management for hirsutism		
<b>Ablative Treatment</b>		
Removal of epidermal layers		
Acne scarring		
Wart removal		
Benign lesions		
<b>Photo-Rejuvenation</b>		
Photo-ageing		
Rosacea		
Large pores		
Mottled pigmentation		
<b>Any other Treatment (Please list)</b>		

**DECLARATION:**

I have provided my certificates and photographs with this application Form. I declare that the information that I have provided is correct to the best of my knowledge and understand that I will be guilty of an offence if I knowingly provide false information.

Signature

Date

Under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004 Mansfield District Council may have to release the information contained in this form if asked to do so. The information you provide will be processed in accordance with the Data Protection Act 1998 which protects your personal information. Your personal information may be shared with other departments of the Council, other local authorities and government departments and agencies such as the Police to prevent and detect fraud, corruption, money laundering and other crimes and to manage your affairs in circumstances where the Data Protection Act allows us to do so. Your personal information will not be released except where the law allows. For further information, see [www.mansfield.gov.uk](http://www.mansfield.gov.uk) or contact the licensing department on 01623 463388.

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