



**NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART 1V)
APPLICATION FOR NEW LICENCE FOR ESTABLISHMENT FOR
MASSAGE OR SPECIAL TREATMENT**

Section 1: To be fully completed by the applicant in all cases

I / We hereby apply for a licence:

**All sections must be completed if applicable (if not applicable please state N/A)
in block capitals and ink**

- 1 Applicant's full name
Mr / Mrs / Miss / Ms
- 2 Any Maiden/Former name(s)
- 3 Date of birth
- 4 Place of birth
- 5 Applicant's private address
.....
.....
.....
- 6 Daytime telephone number
- 7 Email Address
- 8 In the case of a company, society,
association or other body, give the
registered office (and principal office if
different) and names and private
addresses of the directors or other
persons responsible directly or indirectly
for the management of the establishment

- 9 Trading name of the premises to be licensed
 10 Full address

 11 Telephone Number (if known)
- 12 Is the applicant the sole owner of the premises?
 (Please tick the appropriate box) **Yes**
 No
- (Please **ensure that Section 3** of the application form is fully completed by the owner of the premises)
- 13 Is the applicant the sole owner of the business?
 (Please tick the appropriate box) **Yes**
 No
- (Please **ensure that Section 4** of the application form is fully completed by the owner of the business)
- 14 Is the applicant the manager of the business?
 (Please tick the appropriate box)
 (See also question 17) **Yes**
 No
- (Please **ensure that Section 5** of the application form is fully completed by the manager of the business)
- 15 Give details of any interest including employment in any other establishment for massage or special treatment within the U.K.
 (Please tick the appropriate box) **None**
 Yes
- Where:.....

- 16 Has the applicant been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959?
 (Please tick the appropriate box) **No**
 Yes

17 Has the applicant been convicted of any other criminal offences?

No

Yes

N.B. Criminal convictions are not an automatic bar to the granting of a Licence

18 Will the applicant normally be in attendance at the establishment? (tick as appropriate)

Yes - **Full time**

Part time

No

If no, the person who is the actual and responsible manager of the establishment must complete section 5 of the form attached.

19 Please state what activities will be carried on at the premises (delete as appropriate)

a) full body massage

b) massage of a single part of the body

c) sun tanning unit(s)

d) special treatment (please specify below).

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

e) other (please specify activities which take place at the premises even though no licence is required)

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

20 Give details of technical qualifications, training courses, diplomas, experience etc. of the applicant for carrying on of that business. Evidence of qualifications **must** be submitted.

Original Certificates must be provided (photocopies will not be accepted). Use a separate sheet if necessary

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

21 Describe the premises

i) number of rooms

ii) give details of arrangements for
cleansing of premises, fittings and
equipment and sterilisation of
instruments. A separate sheet
may be used if necessary.

22 Will the massage or special treatment be available for:
(tick as appropriate)

Men only

Women only

Both sexes

If both sexes, state whether:

Mixed sessions

Single sessions

23 Has the applicant notified the Chief Constable of the application in accordance with Section 11(b) of the Act?
(tick as appropriate)

Yes

No

24 The applicant must provide the name and addresses of 2 referees (who must not be relatives) at least one should be a professional referee.
(For 'New Applications' only)

1)

.....

.....

.....

.....

.....

.....

N.B. these may be contacted Email Address:

.....

2)

.....

.....

.....

.....

.....

.....

Email Address:

.....

Declaration: 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.

Applicant's signature..... **Date**.....

A fee of £172 accompanies this application.

All information provided would be treated in compliance with the Data Protection Act 1998. Mansfield District Council may wish to share the information you supply with other departments within the Council. If you do not wish the Council to use information you have supplied in this way please tick the box

Section 2 - To be completed by all persons who are or will be engaged in giving hands on treatment. Treatment includes massage, aromatherapy, etc

Each person must sign to confirm his or her details.

Practitioners must supply a recent passport-sized photograph for identification purposes, signed and dated on the reverse

PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

- 1 Full name
- 2 Maiden/Former name(s)
- 3 Date and place of birth
- 4 Full home address
- 5 Give details of technical qualifications, training courses, diplomas, experience etc. of the applicant for the carrying on of that business. Evidence of qualifications must be submitted. Original certificates must be provided, (photocopies will not be accepted.) Use a separate sheet if necessary
- 6 Has the **practitioner** been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959. **No**
 Yes
(Please tick the appropriate box)
- 7 Has the **practitioner** been convicted of any other criminal offences? **No**
 Yes
(Please tick the appropriate box)

N.B. Criminal convictions are not an automatic bar to the granting of a Licence.

Declaration: 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**.....

This form may be photocopied as many times as necessary such that all practitioners can provide their details

Section 3 - to be completed by the owner of the premises (i.e. LANDLORD), where the owner is not also the applicant.

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PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

- 1 Name of owner of premises
.....
- 2 Any maiden/former name(s)
.....
- 3 Owner's private address
(including postcode)
.....
.....
.....
- 4 Daytime telephone number
.....
- 5 Has the owner any business interest **No**
(apart from landlord)? **Yes**
(Please tick the appropriate box)
- 6 Is the owner aware of the intended **No**
business? **Yes**
(Please tick the appropriate box)
- 7 Has the owner been convicted under **No**
the Sexual Offences Acts 1956 to **Yes**
1985 or the street Offences Act **Yes**
1959? (Please tick the appropriate **Yes**
box)
- 8 Has the owner been convicted of **No**
any other criminal offences? **Yes**
(Please tick the appropriate box) **Yes**
N.B. Criminal convictions are not an
automatic bar to the granting of a
Licence.

Declaration: 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**.....

Owner of the business

Section 5 - to be completed by the manager of the business (where the manager is not also the applicant or the owner of the premises or the owner of the business).

NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART 1V)

APPLICATION FOR NEW LICENCE FOR AN ESTABLISHMENT FOR MASSAGE AND SPECIAL TREATMENT

PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

- 1 Name of manager of business
- 2 Any maiden/former name(s)
- 3 Manager's private address
- 4 Date and place of birth of manager
- 5 Give details of technical qualifications, training courses, diplomas, experience etc. of the manager for the carrying on of that business. Evidence of qualifications must be submitted in respect of new managers if applicable
- 6 Has the manager been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959? (Please tick the appropriate box) **No**
 Yes
- 7 Has the manager been convicted of any other criminal offences? (Please tick the appropriate box) **No**
 Yes
N.B. Criminal convictions are not an automatic bar to the granting of a Licence
- 8 Has the Manager any other interest including employment in any other establishment for massage and special treatment within the U.K. (Please tick the appropriate box) **No**
 Yes
Where.....

Declaration: 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.....

Guidance Notes on completion of this application:

Section 1

Question 23 It is important to note that applicants seeking renewal of their existing Licence are still required to notify the Chief Constable of Nottinghamshire that an application is to be submitted. It is recommended that this be done in writing by letter addressed to:

Nottinghamshire Police
Licensing Department
HQ (CJ) Liquor Licensing
Mansfield Police Station
Great Central Road
Mansfield
Nottinghamshire
NG18 2HQ

Section 2 **MUST BE COMPLETED BY EACH MEMBER OF STAFF** undertaking 'hands on' treatment. A recent passport sized photograph of the individual, dated and signed on the reverse side must accompany each completed Section 2.

(This Section can be photo copied if more than a single change in staff has taken place)

New member(s) of staff are also required to provide details of their relevant qualifications. To satisfy this point it will be necessary for the original Certificates to be made available for inspection. Photo copies will not be accepted.

Section 3 It is only necessary for this Section to be completed if you are not the owner of the premises.

Section 4 It is only necessary for this Section to be completed if you are not the owner of the business.

Section 5 It is only necessary for this Section to be completed if you are not the manager of the business.

In case of difficulty in completion of this application please contact the Licensing Section on (01623) 463181 or 463334

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 Legal Obligation.

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

- **genetic/biometric data**
- **criminal history**

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 <https://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 <https://www.mansfield.gov.uk/privacy> or requesting a copy by writing to:

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