



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 Applicant/Company	.....				
2	Maiden /Former Name(s) (if applicable)	.....				
3	Date Of Birth and Place of birth (if applicable)	.....				
4	Address of Applicant	.....				
		Post Code		.....		
		Telephone Number		.....		
4	Email Address	.....				
5	Status of Applicant	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"/>
			<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.	..... ..... ..... ..... ..... .....		
12	Name and address of Business Laser Protection Advisor (LPA)	..... ..... .....		
		Post Code		.....
		Telephone Number		.....
13	Details of qualifications of the LPA	..... ..... .....		
14	Name and address of Laser Premises Supervisor (LPS)	..... ..... .....		
		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)	..... ..... ..... .....		

16	Please provide details of eye protection to be used with the above equipment. (Include British Standard Reference No.)	..... ..... ..... .....
17	<u>Name of Practitioners (Authorised Users) of the equipment</u> Note: A Practitioner's Registration Form must be completed for each practitioner at the premises, INCLUDING THE LPS where appropriate.	1..... 2..... 3..... 4..... 5.....
18	<u>Please attach the following documents</u>	✓
	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)

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

A fee of **£220.00 will be paid for a NEW application

A fee of **£142.00 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 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

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 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 Premises		
2	Address of Premises	..... ..... .....
		Post Code:	.....
		Telephone Number	.....
3	Name of Practitioner (Authorised User) to be registered	.....
4	Maiden /Former Name(s)	.....
5	Date Of Birth and Place of birth	.....
6	Home address of Practitioner (Authorised User)	..... ..... ..... .....
		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	
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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.

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

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

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