



**NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART 1V)**

**Application for New Licence for Establishment for Massage or Special Treatment**

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

**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)**

- 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**

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

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.**

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**

**Please note, any changes made to the practitioners who are licensed on a licence must be notified to the authority and any additional fees must be paid.**

**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 £ 188.00 will be/has been paid for 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.

Please place your photo here. Photo to be signed and dated.

**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 Mr / Mrs / Miss / Ms	.....
2	Maiden/Former name(s)	.....
3	Date of Birth	.....
4	Place of Birth	.....
5	Full home address	..... ..... ..... .....
6	Daytime Telephone Number	.....
7	Email Address	.....
8	Give details of technical qualifications, training courses, diplomas, experience etc. of the applicant for the carrying on of that business. Evidence of qualifications <b>must</b> be submitted. Original certificates must be provided, (photocopies will not be accepted.)  <b>Use a separate sheet if necessary</b>	..... ..... ..... ..... ..... ..... .....
9	Has the <b>practitioner</b> been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959. (Please tick the appropriate box)	<input type="checkbox"/> <b>No</b>  <input type="checkbox"/> <b>Yes</b>

10	<p>Has the <b>practitioner</b> been convicted of any other criminal offences? (Please tick the appropriate box)</p> <p><b>N.B. Criminal convictions are not an automatic bar to the granting of a Licence.</b></p>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b>
11	<p>Name, address and telephone number of the Premise where you will be an authorised practitioner?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

**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.**

**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 **Owner** of premises .....  
.....
- 2 **Any maiden/former name(s)** .....  
.....
- 3 **Owner's** private address  
(including post code) .....  
.....  
.....  
.....
- 4 **Daytime telephone number** .....  
.....
- 5 **Has the owner any business interest (apart from landlord)?**  **No**  
(Please tick the appropriate box)  **Yes**
- 6 Is the **owner** aware of the intended business?  **No**  
(Please tick the appropriate box)  **Yes**
- 7 **Has the owner been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959?**  **No**  
(Please tick the appropriate box)  **Yes**
- 8 Has the **owner** been convicted of any other criminal offences?  **No**  
(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 Premises**

**Section 4 - to be completed by the OWNER of the BUSINESS ( where the owner is not also the applicant or the owner of the premises).**

**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 **Owner of business** .....

2 **Any maiden/former name(s)** .....

3 **Business owner's** private address (including post code) .....  
.....  
.....  
.....

4 **Daytime telephone number** .....

5 **Has the owner of the business been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959?**  **No**  
 **Yes**  
(Please tick the appropriate box)

6 **Has the owner of the business 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**

7 Has the **owner of the business** any interest including employment in any other establishment for massage and special treatment within the U.K.  **No**  
 **Yes**  
(Please tick the appropriate box) 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**.....  
**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) N.B. Criminal convictions are not an automatic bar to the granting of a Licence**  **No**  
 **Yes**
- 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**.....  
**Manager**

## 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 [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.