



# NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART 1V)

## Licensing of Premises for Massage and/or Special Treatments

### Application for Renewal of an Existing Licence

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

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

**Sections 2 and 3:** To be as necessary  
(see notes at page 5 for guidance)

I/We hereby apply for renewal of a licence:

**All sections must be completed if applicable (if not applicable please state N/A)**

<b>1</b>	Applicant's full name Mr / Mrs / Miss / Ms	.....
<b>2</b>	Any Maiden/Former name(s)	.....
<b>3</b>	Date of Birth	...../...../.....
<b>4</b>	Place of Birth	.....
<b>5</b>	Trading name of the premises	.....
<b>6</b>	Address of the premises  Post Code:	..... ..... ..... .....
<b>7</b>	Licence Number	.....
<b>8</b>	Daytime telephone number	.....
<b>9</b>	Applicant's private address  Post Code: Telephone Number:	..... ..... ..... .....
<b>10</b>	Email Address:	.....

<b>11</b>	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	..... ..... ..... ..... ..... ..... ..... .....
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<b>12</b>	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) Special treatment (please specify below): ..... ..... ..... ..... ..... ..... d) Other (please specify activities which take place at the premises even though no licence is required) ..... ..... ..... ..... ..... .....
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<b>13</b>	Has the applicant notified the Chief Constable at Nottinghamshire Police, Licensing Department, HQ (CJ) L, Mansfield Police Station, Great Central Road, Mansfield, Nottinghamshire, NG18 2HQ as required in accordance with Section 11(b) of the Act? (tick as appropriate)	<input type="checkbox"/> <b>Yes</b>  <input type="checkbox"/> <b>No</b>
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<b>14</b>	The fee of *£142.00 will be / has been paid. *£152.00 (*Delete as appropriate, £142 limited licence £152 full licence) Payment can only be made over the phone on 01623 463181
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<b>15</b>	<p><b>I confirm that :</b> (delete as appropriate)</p> <p>a) No alterations to the ownership of the premises/ treatments or staff undertaking treatments have taken place within the last 12 months</p> <p>OR</p> <p>b) Changes have taken place to :   a) Ownership of the premises</p> <p style="padding-left: 100px;">b) The treatments available</p> <p style="padding-left: 100px;">c) Staff undertaking treatments have taken place</p> <p>(Section 2 Forms must be completed for all new persons giving hands on treatment)</p> <p><b>Please supply details on the attached sheets.</b></p> <p><b>Applicants Signature:</b>.....<b>Date</b>.....</p>
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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.

**16 Please Supply below the Names and addresses of all persons giving hands on treatment at the premises  
(A section 2 form to be completed for all new persons not already on the licence)**

1. Full Name Mr / Mrs / Miss / Ms	.....
Maiden name	.....
Date of Birth	.....
Place of Birth	.....
Full Home address	..... .....
Post Code:	.....
Email Address	.....

2. Full Name Mr / Mrs / Miss / Ms	.....
Maiden name	.....
Date of Birth	.....
Place of Birth	.....
Full Home address	..... .....
Post Code:	.....
Email Address	.....

3. Full Name Mr / Mrs / Miss / Ms	.....
Maiden name	.....
Date of Birth	.....
Place of Birth	.....
Full Home address	..... .....
Post Code:	.....
Email Address	.....

4. Full Name Mr / Mrs / Miss / Ms	.....
Maiden name	.....
Date of Birth	.....
Place of Birth	.....
Full Home address	..... ..... .....
Post Code:	.....
Email Address	.....

5. Full Name Mr / Mrs / Miss / Ms	.....
Maiden name	.....
Date of Birth	.....
Place of Birth	.....
Full Home address	..... ..... .....
Post Code:	.....
Email Address	.....

6. Full Name Mr / Mrs / Miss / Ms	.....
Maiden name	.....
Date of Birth	.....
Place of Birth	.....
Full Home address	..... ..... .....
Post Code:	.....
Email Address	.....

**Section 3 - to be completed by the **NEW 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 <b>Owner</b> of premises	.....
2	<b>Any maiden/former name(s)</b>	.....
3	<b>Owner's</b> private address (including post code)	..... ..... ..... .....
4	Daytime telephone number	.....
5	Has the <b>owner</b> any business interest (apart from landlord)? (Please tick the appropriate box)	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b>
6	Is the <b>owner</b> aware of the intended business? (Please tick the appropriate box)	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b>
7	Has the <b>owner</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>
8	Has the <b>owner</b> been convicted of any other criminal offences? (Please tick the appropriate box)  <b>N.B. Criminal convictions are not an automatic bar to the granting of a Licence.</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b>

**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**

**Guidance Notes on completion of this application:**

## Section 1

### Question 10

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

### Question 13

At question 13 (page 3) the names and addresses etc **of all staff undertaking 'hands on' treatment** must be provided irrespective of whether or not their details have previously been provided.

## Section 2

**Have you had any changes in staff undertaking 'hands on' treatment since your Licence was last issued?**

If so a 'Section 2' **MUST BE COMPLETED BY EACH 'NEW' 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 ownership of the premises has changed since the date of your last application for the grant/renewal of your Licence.**

If ownership of the building has changed in any way a 'Section 3' **MUST BE COMPLETED BY THE NEW OWNER(S)** and returned to this office with the application.

**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.