



MANSFIELD DISTRICT COUNCIL
Creating a District where People can Succeed
Planning & Regulatory Services

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
- 2 Any Maiden/Former name(s)
- 3 Date of birth
- 4 Place of birth
- 5 Applicant’s private address
.....
.....
.....
- 6 Daytime telephone number
- 7 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
.....
.....
.....
.....

- 8 Trading name of the premises to be licensed
- 9 Full address
-
-
-
- 10 Telephone Number (if known)
- 11 Is the applicant the **sole owner of the premises** **Yes**
(Please tick the appropriate box)
- No** (Please **ensure that Section 3** of the application form is fully completed by the owner of the premises)
- 12 Is the applicant the **sole owner of the business** **Yes**
(Please tick the appropriate box)
- No** (Please **ensure that Section 4** of the application form is fully completed by the owner of the business)
- 13 Is the applicant the **manager of the business** **Yes**
(Please tick the appropriate box)
(See also question 17)
- No** (Please **ensure that Section 5** of the application form is fully completed by the manager of the business)
- 14 Give details of any interest including employment **None**
in any other establishment for massage or special
treatment within the U.K. **Yes**
(Please tick the appropriate box)
- Where:.....
-
-
-
- 15 Has the applicant been convicted under the Sexual **No**
Offences Acts 1956 to 1985 or the
Street Offences Act 1959. **Yes**
(Please tick the appropriate box)

16 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

17 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.

18 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)

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

19 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

20 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.

21 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

22 Has the applicant notified the Chief Constable of
 the application in accordance with Section 11(b) of
 the Act? **Yes**
 (tick as appropriate) **No**

23 *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)*

N.B. these may be contacted
 1).....

 2).....

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 **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**
(Please tick the appropriate box) **Yes**

7 Has the **practitioner** 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.....

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** **No**
(apart from landlord)?
(Please tick the appropriate box) **Yes**
- 6 Is the **owner** aware of the intended **No**
business?
(Please tick the appropriate box) **Yes**
- 7 **Has the owner been convicted under the** **No**
Sexual Offences Acts 1956 to 1985 or the
street Offences Act 1959?
(Please tick the appropriate box) **Yes**
- 8 Has the **owner** been convicted of any other **No**
criminal offences?
(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**
(Please tick the appropriate box) **Yes**
 - 6 **Has the owner of the business 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**
- 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**
(Please tick the appropriate box) **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.....
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?** **No**
(Please tick the appropriate box) **Yes**
 - 7 **Has the manager 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**
- 8 Has the **Manager** any other interest including employment in any other establishment for massage and special treatment within the U.K. **No**
(Please tick the appropriate box) **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