



# Ashfield

## DISTRICT COUNCIL

### NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART IV)

#### Application for NEW Licence or TRANSFER of 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**

**All sections must be completed (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. E-mail 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. E-mail Address .....

13. Is the applicant the **sole owner** of the premises Yes   
No   
*(please ensure that section 3 of the application form is fully completed by the **owner** of the premises)*

14. Is the applicant the **sole owner** of the business i.e. Landlord Yes   
i.e. Landlord No   
*(please tick the appropriate box)*  
  
*(please ensure that section 4 of the application form is fully completed by the **owner** of the business)*

15. Is the applicant the **manager** of the business Yes   
the business No   
*(see also question 17)*  
  
*(please ensure that section 5 of the application form is completed by the **manager** of the business)*

16. 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 any other treatments carried out even though they may not require licensing)*

17. Give details of any interest including employment in any other establishment for massage or special treatment within the U.K. No   
 Yes   
 Where: .....  
 .....  
 .....  
 .....

18. Will the applicant normally be in attendance at the establishment? Yes - Full time   
 - Part time   
 19. (tick as appropriate) No

**If no, the person who is the actual and responsible manager of the establishment must complete the separate form attached. (Section 5)**

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. Has the applicant been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959? No   
 Yes

22. 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**

23. *The applicant must provide the name and addresses of 2 referees (who must not be relatives) and at least one should be a professional referee*

1).....

.....

.....

2).....

.....

.....

Declaration

I, the undersigned, hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this application I shall be committing an offence and will be liable for prosecution.

I confirm I have read the Data Protection Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



Data Protection Act

The information you provide will be used by Ashfield District Council for purposes of determining your application. It will be kept on paper and computer records for a maximum of 5 years.

Your personal information will be handled by Ashfield District Council in accordance with the Data Protection Act 1998 and will not be released without your permission, except where the law allows or requires us to do so. By law, we may pass your personal information to other Council departments, local authorities, government departments and agencies to prevent and detect fraud, corruption, money laundering and other crimes. In addition we may pass your personal information to other Council departments in order to carry out the Council's statutory functions. Your data may also be provided to the Audit Commission in accordance with the guidance set by the Audit Commission which can be found at: [www.audit-commission.gov.uk/nfi](http://www.audit-commission.gov.uk/nfi).

You can obtain a copy of what information the Council holds about you or your company by writing to the Information Officer at Ashfield District Council, Urban Road, Kirkby in Ashfield, Nottingham, NG17 8DA, telephone: (01623) 457329 or email:foi@ashfield-dc.gov.uk.

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**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. Daytime telephone number .....
6. E-mail Address .....
7. Trading name of the premises to be licensed .....
8. Full address of the premises to be licensed  
.....  
.....  
.....  
.....
9. Give details of technical qualifications, training courses, diplomas, experience etc. of the practitioner 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**

- |   |     |                          |
|---|-----|--------------------------|
| 10. Has the practitioner been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959 | No  | <input type="checkbox"/> |
|   | Yes | <input type="checkbox"/> |
| 11. Has the practitioner been convicted of any other Criminal offences?   | No  | <input type="checkbox"/> |
|   | Yes | <input type="checkbox"/> |

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

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

Declaration

I, the undersigned, hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this application I shall be committing an offence and will be liable for prosecution.

I confirm I have read the Data Protection Statement.

Signature of Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_



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**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 IV)**

**APPLICATION FOR NEW LICENCE OR TRANSFER OF LICENCE FOR AN ESTABLISHMENT FOR MASSAGE OR 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 postcode) .....  
.....  
.....  
.....
4. Daytime telephone number .....
5. E-Mail Address .....
6. Trading name of the premises to be licensed .....
7. Full address of the premises to be licensed .....  
.....  
.....  
.....
8. Has the owner any business interest (apart from landlord)? No   
Yes
9. Is the owner aware of the intended business? No   
Yes

10. Has the owner of the premises been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959. No   
Yes

11. Has the owner of the premises been convicted of any other criminal offences? No   
Yes

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

Declaration

I, the undersigned, hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this application I shall be committing an offence and will be liable for prosecution.

I confirm I have read the Data Protection Statement.

Signature Owner of Premise: \_\_\_\_\_ Date: \_\_\_\_\_



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**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.**

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***APPLICATION FOR NEW LICENCE OR TRANSFER OF LICENCE FOR AN ESTABLISHMENT FOR MASSAGE OR 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 postcode) .....  
.....  
.....  
.....
- 4. Daytime telephone number .....
- 5. E-mail Address .....
- 6. Trading name of the premises to be licensed .....
- 7. Full address of the premises to be licensed .....  
.....  
.....  
.....
- 8. Has the owner of the business been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959. No   
Yes
- 9. Has the owner of the business been convicted of any other criminal offences? No   
Yes

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

10. Give details of any interest including employment in any other establishment for massage or Special treatment within the U.K. (*Tick as appropriate*)
- No
- Yes

Where: .....

.....

.....

Declaration

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I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this application I shall be committing an offence and will be liable for prosecution.

I confirm I have read the Data Protection Statement.

Signature Owner of Business: \_\_\_\_\_ Date: \_\_\_\_\_



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