

Nottinghamshire County Council Act 1985 (Part IV)

APPLICATION FOR THE OPERATION OF AN ESTABLISHMENT FOR THE USE OF INTENSE LIGHT SYSTEMS AND / OR LASER EQUIPMENT ONLY

PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

TYPE OF LICENCE APPLICATION

Please tick below which type of licence that you are applying for:

- NEW LICENCE**
- RENEWAL OF LICENCE**
- VARIATION OF LICENCE**
- TRANSFER OF LICENCE**

To be fully completed by the applicant in all cases

1.	Name of Applicant / Company:				
2.	Maiden / Former Name(s) (if applicable):				
3.	Date Of Birth / Place of Birth (if applicable):				
4.	Address of Applicant :				
		Post Code:			
		Telephone Number:			
5.	Status of Applicant (please tick):	Individual	Partnership	Company	
6.	Trading Name of premises to be licensed:				
7.	Registered address of Company:				
		Post Code:			
		Telephone Number:			
8.	Company No. (where applicable):				

9.	Full 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		Full Time	
				Part Time *	
		NO *			
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.	Name of Practitioners (Authorised Users) of the equipment: 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.	Please attach the following documents (your application will be returned to you if the following items are not submitted).	
	Please tick each box to illustrate that you have attached the necessary items with your completed application form.	
	• 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	
	• A copy of the Local Rules, Risk Assessment and Register of Authorised Users	
	• Completed Practitioner Registration Forms including certificates and photographs	
	• A plan of the premises (see attached guidance)	
	• A copy of the public liability insurance (with schedule) for the premises	
• Written consent from the previous owner that they agree to transfer the business to you		

List of Treatments (Please tick all that apply)

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



General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.

Under the GDPR and DPA, Ashfield District Council, Urban Road, Kirkby in Ashfield, Nottingham. NG17 8DA is a Data Controller for the information it holds about you. The Council will hold the information above provided by you for assessing your application. The lawful basis under which the Council uses personal data for this purpose is Public Task.

The information provided by you includes the following special categories of personal data:

- **Physical or Mental Health**
- **Genetic / Biometric data**
- **Criminal History (including motoring offences)**

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.

Your data will be held for a period of 6 years. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council's Privacy Statement: www.ashfield.gov.uk/privacy

If you have any concerns or questions about how your personal data is processed, please contact the Council's Data Protection Officer at the address at the bottom of this form or by email to dpo@ashfield.gov.uk. If you are dissatisfied with the Council's response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745.

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 have provided the documentation as required within section 19 of this application form.

I agree to comply with the conditions attached to any licence issued to me under the Nottinghamshire County Council Act 1985 (Part IV).

I confirm I have read the General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice above.

Signature of Applicant: _____ **Date:** _____

Please return your completed application and additional documents to: Licensing Authority, Ashfield District Council, Urban Road, Kirkby in Ashfield, Nottinghamshire, NG17 8DA