

NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART IV)
ESTABLISHMENT TO PROVIDE MASSAGE & SPECIAL TREATMENTS

This form is to be used for the following type of applications (please tick appropriate box):

APPLICATION FOR A NEW LICENCE

APPLICATION TO TRANSFER AN EXISTING LICENCE

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

SECTION 1: To be completed by the applicant.

1.	Applicant's full name:	
2.	Any Maiden / Former name(s):	
3.	Date of Birth:	
4.	Place of Birth:	
5.	Applicant's Home Address:	
6.	Contact Telephone Number:	
7.	E-mail address:	
8.	In the cases of a company, society, association or other body, give the registered office (and principal office if different) and names and private address of the directors or other persons responsible directly or indirectly for the management of the establishment:	
9.	Trading name of the Premises:	
10.	Full address:	
11.	Telephone number:	
12.	E-Mail address:	

13.	Is the applicant the Sole Owner of the premises:	YES / NO (delete as applicable) <i>(please ensure that Section 3 of the application form is fully completed by the owner of the premises)</i>					
14.	Is the applicant the Sole Owner of the business:	YES / NO (delete as applicable) <i>(please ensure that Section 3 of the application form is fully completed by the owner of the premises)</i>					
15.	Is the applicant the Manager of the business; (see also question 17)	YES / NO (delete as applicable) <i>(please ensure that Section 3 of the application form is fully completed by the manager of the premises)</i>					
16.	Please state what activities will be carried on at the premises: (delete as appropriate)	<p>Full Body Massage <input type="checkbox"/></p> <p>Massage of a Single Body Part <input type="checkbox"/></p> <p>Special Treatments <input type="checkbox"/></p> <p>Other (please specify any other treatments carried out even though they may not require licensing) <input type="checkbox"/></p>					
17.	Do you have any connection to any other Massage or Special Treatments establishment in the United Kingdom:	YES / NO (delete as applicable)					
	If "Yes", please provide the name and address of the establishment(s): (Please continue on a separate sheet if more than one establishment):	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
18.	Will the applicant normally be in attendance at the establishment: (tick as appropriate)	<p>YES: FULL TIME <input type="checkbox"/></p> <p>YES: PART TIME <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>If "No", the person who is the actual and responsible manager of the establishment must complete the separate form attached (Section 5).</p>					
19.	Number of rooms at the premises:						
20.	Describe the arrangements for the cleansing of premises, fittings and equipment, and the sterilisation of instruments: (A separate sheet should be used if necessary).	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					

21.	Has the applicant ever been convicted of an offence under the Sexual Offences Act (1956 to 1985) or the Street Offences Act 1959:	YES / NO (delete as applicable)
	If “Yes”, please provide details: (Please continue on a separate sheet if more space is required)	
21.	Has the applicant been convicted or cautioned for any other criminal offences:	YES / NO (delete as applicable)
	If “Yes”, please provide details: (Please continue on a separate sheet if more space is required) Note: Matters declared will not necessarily lead to refusal.	



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

Signature of Applica: _____ **Date:**_____

Please return your completed application and additional documents to:

**Licensing Team, Ashfield District Council, Urban Road,
Kirkby in Ashfield, Nottinghamshire, NG17 8DA.**

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SECTION 2: To be completed by all Practitioners (person engaged in providing “hands on” treatments i.e. Massage, Aromatherapy, etc.)

You are advised to take copies of this Section 2 form before it is completed, in order that for every Practitioner who works at your premises, each person is accounted for within your application.

PLEASE NOTE: Each Practitioner must sign to confirm his / her details

1.	Practitioners full name:	
2.	Any Maiden / Former name(s):	
3.	Date of Birth:	
4.	Place of Birth:	
5.	Practitioners Home Address:	
6.	Contact Telephone Number:	
7.	Contact Email Address:	
8.	Trading Name of the Premises:	
9.	Address of the Premises:	
10.	Provide details of any new qualifications since last application (and submit original certificates with this application):	
11.	Has the Practitioner ever been convicted of an offence under the Sexual Offences Act (1956 to 1985) or the Street Offences Act 1959:	YES / NO (delete as applicable)

	<p>If “Yes”, please provide details: (Please continue in the space provided below should you need to make additional comments)</p>	
<p>12.</p>	<p>Has the Practitioner ever been convicted or cautioned for any other criminal offence:</p>	<p>YES / NO (delete as applicable)</p>
	<p>If “Yes”, please provide details: (Please continue in the space provided below should you need to make additional comments)</p>	
<p>13.</p>	<p>Please attached a passport sized photograph of the Practitioner (the reverse of the photograph must be signed and dated by the Practitioner):</p>	<p>ATTACH PHOTOGRAPH HERE</p>
<p>14.</p>	<p>Additional Comments in relation to matters declared at Question 11 and / or Question 12. (Note: the declaration of a caution or conviction may not automatically result in the refusal of the application).</p>	



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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.

1.	Name of Owner of premises:	
2.	Any Maiden / Former name(s):	
3.	Owners 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)?	YES / NO (delete as applicable)
9.	Is the owner aware of the intended business?	YES / NO (delete as applicable)
10.	Has the owner of the premises been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959	YES / NO (delete as applicable)
11.	Has the owner of the premises been convicted of any other criminal offences?	YES / NO (delete as applicable)

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



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Signature of Owner: _____ **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.

1.	Name of Owner of business:	
2.	Any Maiden / Former name(s):	
3.	Business Owners 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 been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959.	YES / NO (delete as applicable)
9.	Is the owner of the business been convicted of any other criminal offences?	YES / NO (delete as applicable)
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.	YES / NO (delete as applicable)
		Where:



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