

NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART IV)

Application for grant/renewal/transfer of licence for establishment For Massage or
Special Treatment (Delete as appropriate)

All Sections must be completed

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

1.	Applicant's full name	
2.	Any Maiden/Former name	
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 or principal office and names and private addresses of the directors or other persons directly or indirectly responsible for the management of the establishment	

8.	Trading name of the premises to be licensed	
9.	Full address of premises Including post code	
10.	Telephone number	
11.	Is the applicant the sole owner of the premises	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please ensure Section 3 of this form is completed by the owner of the premises)
12.	Is the applicant the sole owner of the business	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please ensure Section 4 of this form is completed by the owner of the business)
13.	Is the applicant the manager of the premises	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please ensure Section 5 of this form is completed by the manager of the premises)
14.	Description of premises i.e. number of rooms and arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments	
15.	Give details of any interest including employment in any other establishment for massage of Special treatment within the UK	
16.	Has the applicant been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959	
17.	Has the applicant been convicted of any other criminal offences	

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

Section 2: To be completed by all persons who are or will be engaged in giving hands-on treatment

Each person must sign to confirm his/her details

Practitioners must supply Two recent passport sized photographs with their name written on the back for identification purposes. These may be stapled to this sheet.

Full Name	
Any Maiden/Former name(s)	
Date of Birth	
Place of Birth	
Full Home address	
Give details of technical qualifications, training courses, diplomas, experience etc. Evidence of qualifications must be provided	
Has the practitioner been convicted under the Sexual Offences Act 1956 to 1985 or the Street Offences Act 1959	
Has the Practitioner been convicted of any other Criminal Offence	

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 I 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 IV)

Application of licence for establishment for Massage or Special Treatment

Name of Owner of premises	
Any Maiden/former name(s)	
Owner's private address including post code	
Daytime telephone number	
Has the owner any interest in the business (apart from Landlord)	
Is the owner aware of the intended business	
Has the owner been convicted under the Sexual Offences Acts 1956 to 1985 of the Street Offences Act 1959	
Has the owner been convicted of any other Criminal Offences	

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.....

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 IV)

Application of Licence for establishment for Massage or Special Treatment

Name of Owner of Business	
Any Maiden/former name(s)	
Business Owners Private Address including post code	
Daytime telephone number	
Has the owner of the business been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959	
Has the owner of the business been convicted of any other Criminal Offence	
Has the owner of the business any interest including employment in any other establishment for Massage or Special Treatment within the UK (IF YES PLEASE STATE WHERE)	

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.....

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 IV)

Application of Licence for establishment for Massage or Special Treatment

Name of the Manager of Business	
Any Maiden/former name(s)	
Managers Private Address including post code	
Daytime telephone number	
Has the Manager of the business been convicted under the Sexual Offences Acts 1956 to 1985 or the Street Offences Act 1959	
Has the Manager of the business been convicted of any other Criminal Offence	
Has the Manager of the business any interest including employment in any other establishment for Massage or Special Treatment within the UK (IF YES PLEASE STATE WHERE)	

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.....