



**APPLICATION FOR NEW TRANSFER OR RENEWAL OF  
LICENCE FOR THE OPERATION OF AN ESTABLISHMENT  
FOR MASSAGE OR SPECIAL TREATMENT  
NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART IV)**

PLEASE COMPLETE IN BLOCK CAPITALS AND USE BLACK INK

This form is in FIVE parts, and should be completed by all persons who have any connection with the business including owners, managers and those engaged in treatment. If sections do not apply to your application please state as appropriate.

**SECTION 1**

Type of licence applied for:		Grant/Transfer/Renewal	
<b>1</b>	Applicant name		
	Maiden/Other names used		
<b>2</b>	Date of birth		
<b>3</b>	Place of birth		
<b>4</b>	Address		
		Post Code	
		Phone Number	
	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. (Use separate sheet if necessary)		
		Post Code	
		Phone Number	
	Trading name of premises to be licensed:		
	Address		
		Post Code	
		Phone No	

	Activities applied for: <b>Give details of all treatments available at the premises</b>	
	Full body massage	YES / NO
	Massage of a single part of the body during one session per day	YES / NO
	Special treatment	YES / NO
	Other (please specify)	YES / NO
	Is the applicant the sole owner of the premises?	YES / NO (if NO please ensure that section 3 of the application form is fully completed by the owner of the premises).
	Is the applicant the sole owner of the business?	YES / NO (if NO please ensure that section 4 of the application form is fully completed by the owner of the premises).
	Is the applicant the manager of the business?	YES / NO (if NO please ensure that section 5 of the application form is fully completed by the owner of the premises).
	Applicant to give details of any interest including employment in any other establishment for massage and special treatment within the UK if applicable including location:	
	If the applicant has been convicted under the Sexual Offences Act 1956 to 1985 or the Sexual Offences Act 1959, please give details:	
	If the applicant has been convicted of any other offences, please give details:	
	Will the applicant normally be in attendance at the establishment?	<b>YES</b>
		<b>YES</b>
		<b>NO</b>
		Full time
		Part time
		If NO, the person who is the actual manager & responsible manager of the establishment must complete section 5 of the form attached

	Give details of technical qualifications, training courses, diplomas, experience etc. of the applicant for carrying on of that business. Evidence of qualifications <b>must</b> be submitted. <b>Photocopies will not be accepted.</b> (Use separate sheet if necessary). New applications only.		
	<b><u>Describe the premises</u></b>		
	Number of rooms		
	Give details of arrangements for cleansing of premises, fittings and equipment and sterilisation of instruments:		
	Will the massage or special treatment be available for:	Men only	YES / NO
		Women only	YES / NO
		Both sexes	YES / NO
		If both sexes, state whether:	
		Mixed sessions	YES / NO
		Single sessions	YES / NO

For the first application, two passport size photographs of yourself and two written references in sealed envelopes and on the headed paper of the referee must be attached to the application. References may be verified.

	Name	
	Address	
	Post code	
	Phone number	
	Name	
	Address	
	Post code	
	Phone number	

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.

<b>Signature</b>	<b>Date</b>
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**SECTION 2**

This section of the form should be completed by all those persons who are or will be engaged in giving hands on treatment. Treatment includes massage etc.

Each person must sign to confirm their details. New practitioners must supply a **TWO** recent passport sized photographs, for identification purposes, signed and dated on the reverse.

**PLEASE COMPLETE IN BLOCK CAPITALS AND USE BLACK INK**

1	Applicants full name	
2	Maiden/Former Names(s)	
3	Date of Birth	
4	Place of Birth	
5	Home address	
		Post code
		Phone number
6	Give details of technical qualifications, training courses, diplomas, experience etc. relative to the business. Original certificates must be submitted with the application. (They will be returned to you) <b>Use a separate sheet if necessary</b>	
7	Has the applicant been convicted under the Sexual Offences Act 1956 to 1985 or the Street Offences Act 1959?	YES / NO If yes please give details
8	Has the applicant been convicted of any other criminal offences?  <b><u>NB Criminal convictions are not an automatic bar to the granting of a licence</u></b>	YES / NO If yes please give details
9	Name of premises to be employed at	

**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
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This form may be copied as many times as necessary in order that all practitioners can provide their details.



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**SECTION 3**

This section of the form should be completed by the **OWNER** (ie **LANDLORD**), where the owner / landlord is NOT also the applicant.

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1	Owner's full name	
2	Maiden/Former Names(s)	
3	Date of Birth	
4	Place of Birth	
5	Owner's Home address	
		Post code
		Phone number
6	Has the premises owner any business interest (apart from the landlord?)	YES / NO
7	Is the premises owner aware of the intended business?	YES / NO
8	Has the premises owner been convicted under the Sexual Offences Act 1956 to 1985 or the Street Offences Act 1959?	YES / NO
8	Has the applicant been convicted of any other criminal offences?  <b><u>NB Criminal convictions are not an automatic bar to the granting of a licence</u></b>	YES / NO If yes please give details

**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
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**SECTION 4**

To be completed by the **OWNER** of the **BUSINESS**, where they are neither the main applicant or owner / landlord of the premises.

PLEASE COMPLETE IN BLOCK CAPITALS AND USE BLACK INK

1	Name of Owner of Business	
2	Maiden/Former Names(s)	
3	Date of Birth	
4	Place of Birth	
5	Business Owner's Home address	
		Post code
		Phone number
6	Has the owner of the business any interest including employment in any other establishment for massage and special treatment within the UK if applicable including location:	YES / NO
7	Has the owner of the business been convicted under the Sexual Offences Act 1956 to 1985 or the Street Offences Act 1959?	YES / NO
8	Has the owner of the business been convicted of any other criminal offences?  <b><u>NB Criminal convictions are not an automatic bar to the granting of a licence</u></b>	YES / NO If yes please give details

**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 copied as many times as necessary in order that all **OWNERS** of the **BUSINESS** can provide their details.



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**SECTION 5**

This section of the form should only be completed by the **MANAGER of the BUSINESS**, where they are neither the main APPLICANT, OWNER of the premises, or OWNER of the business.

1	Name of Manager of the Business	
2	Maiden/Former Names(s)	
3	Date of Birth	
4	Place of Birth	
5	<b>Manager's</b> Home address	
		Post code
		Phone number
6	Give details of technical qualifications, training courses, diplomas, experience etc, of the <b>Manager</b> for the proposed business. Evidence of qualifications must be submitted in respect of new <b>manager's</b> where applicable. Original certificates must be provided.	
7	Has the <b>manager of the business</b> been convicted under the Sexual Offences Act 1956 to 1985 or the Street Offences Act 1959?	YES / NO
8	Has the <b>manager of the business</b> been convicted of any other criminal offences?  <b><u>NB Criminal convictions are not an automatic bar to the granting of a licence</u></b>	YES / NO If yes please give details
9	Has the <b>manager of the business</b> any interest including employment in any other establishment for massage and special treatment within the UK if applicable including location:	YES / NO

**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
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