



MANSFIELD DISTRICT COUNCIL
Creating a District where People Can Succeed
Regulatory Services

NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART 1V)

Licensing of Premises for Massage and/or Special Treatments

Application for Renewal of an Existing Licence

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

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

Sections 2 and 3: To be completed as necessary

(see notes at page 6 for guidance)

I/We hereby apply for renewal of a licence:

All sections must be completed if applicable (if not applicable please state N/A)

1 Applicant's full name

2 Date of Birth

3 Place of Birth

4 Trading name of the premises

5 Address of the premises

Post Code:

6 Daytime telephone number

7 Applicant's private address

Post Code:

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 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 activities which take place at the premises even though no licence is required)
.....
.....
.....
.....
.....

10 Has the applicant notified the Chief Constable at Nottinghamshire Police, Licensing Department, HQ (CJ) L, Mansfield Police Station, Great Central Road, Mansfield, Nottinghamshire, NG18 2HQ as required in accordance with Section 11(b) of the Act? (tick as appropriate)

Yes

No

11 I enclose a fee of(Cheques to be made payable to Mansfield District Council)

12 **I confirm that :** (delete as appropriate)

a) No alterations to the ownership of the premises/ treatments or staff undertaking treatments have taken place within the last 12 months
OR

- b) Changes have taken place to :
- a) Ownership of the premises
 - b) The treatments available
 - c) Staff undertaking treatments have taken place

Please supply details on the attached sheets.

Applicants Signature:.....Date.....

All information provided would be treated in compliance with the Data Protection Act 1998. Mansfield District Council may wish to share the information you supply with other departments within the Council. If you do not wish the Council to use information you have supplied in this way please tick the box.

13 Please Supply below the Names and addresses of all persons giving hands on treatment at the premises

1. Full Name
Maiden name
Date and Place of Birth
Full Home address
.....
.....
Post Code:

2. Full Name
Maiden name
Date and Place of Birth
Full Home address
.....
.....
Post Code:

3. Full Name
Maiden name
Date and Place of Birth
Full Home address
.....
.....
Post Code:

4. Full Name
Maiden name
Date and Place of Birth
Full Home address
.....
.....
Post Code:

Section 3 - to be completed by the **NEW OWNER of the PREMISES (i.e. LANDLORD),
where the owner is not also the applicant.**

NOTTINGHAMSHIRE COUNTY COUNCIL ACT 1985 (PART 1V)

***APPLICATION FOR NEW LICENCE FOR AN ESTABLISHMENT
FOR MASSAGE AND 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 post code)
.....
.....
.....
.....
- 4 Daytime telephone number
- 5 Has the **owner** any business interest **No**
(apart from landlord)?
(Please tick the appropriate box) **Yes**
- 6 Is the **owner** aware of the intended **No**
business?
(Please tick the appropriate box) **Yes**
- 7 Has the **owner** been convicted under the **No**
Sexual Offences Acts 1956 to 1985 or the
street Offences Act 1959?
(Please tick the appropriate box) **Yes**
- 8 Has the **owner** been convicted of any other **No**
criminal offences?
(Please tick the appropriate box) **Yes**

**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.....
Owner of the Premises

Guidance Notes on completion of this application:

Section 1

Question 10

It is important to note that applicants seeking renewal of their existing Licence are still **required to notify the Chief Constable of Nottinghamshire** that an application is to be submitted. It is recommended that this be done in writing by letter addressed to:

Nottinghamshire Police
Licensing Department
HQ (CJ) Liquor Licensing
Mansfield Police Station
Great Central Road
Mansfield
Nottinghamshire
NG18 2HQ

Question 13

At question 13 (page 3) the names and addresses etc **of all staff undertaking 'hands on' treatment** must be provided irrespective of whether or not their details have previously been provided.

Section 2

Have you had any changes in staff undertaking 'hands on' treatment since your Licence was last issued?

If so a 'Section 2' **MUST BE COMPLETED BY EACH 'NEW' MEMBER OF STAFF** undertaking 'hands on' treatment. A **recent passport sized photograph** of the individual, dated and signed on the reverse side must accompany each completed Section 2.

(This Section can be photo copied if more than a single change in staff has taken place)

New member(s) of staff are also **required to provide details of their relevant qualifications**. To satisfy this point it will be necessary for the original Certificates to be made available for inspection. Photo copies will not be accepted.

Section 3

It is only necessary for this Section to be completed if ownership of the premises has changed since the date of your last application for the grant/renewal of your Licence.

If ownership of the building has changed in any way a 'Section 3' **MUST BE COMPLETED BY THE NEW OWNER(S)** and returned to this office with the application.

In case of difficulty in completion of this application please contact the Licensing Section on (01623) 463181 or 463334