



MANSFIELD DISTRICT COUNCIL

Creating a District where People can Succeed

Nottinghamshire County Council Act 1985 (Part IV)

APPLICATION FOR NEW LICENCE, TRANSFER, VARIATION OR RENEWAL OF LICENCE FOR THE OPERATION OF AN ESTABLISHMENT FOR THE USE OF INTENSE LIGHT SYSTEMS AND/OR LASER EQUIPMENT ONLY

Section 1 INTENSE LIGHT SYSTEMS AND/OR LASER EQUIPMENT ONLY

To be fully completed by the applicant in all cases

I/We hereby apply for a licence: (delete as appropriate) Grant / Transfer/ Variation/ Renewal

PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

1	Name of Applicant/Company				
2	Maiden /Former Name(s) (if applicable)				
3	Date Of Birth and Place of birth (if applicable)				
4	Address of Applicant				
		Post Code			
		Telephone Number			
5	Status of Applicant	Individual	Partnership	Company	
6	Trading Name of premises to be licensed				
7	Registered address of Company				
		Post Code			
		Telephone Number			
9	Company No. (where applicable)				
10	Full address of premises to be licensed				
		Post Code			
		Telephone Number			
11	Will the applicant normally be in attendance at the establishment? (Please tick the appropriate box)	YES	Full Time		
			Part Time *		
		NO *			
12	* 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.				
13	Name and address of Business Laser Protection Advisor (LPA)				
		Post Code			
		Telephone Number			
14	Details of qualifications of the LPA				

15	Name and address of Laser Premises Supervisor (LPS)		
		Post Code	
		Telephone Number	
16	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)		
17	Please provide details of eye protection to be used with the above equipment. (Include British Standard Reference No.)		
18	<u>Name of Practitioners (Authorised Users) of the equipment</u> 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.	
19	<u>Please attach the following documents</u>		√
	1. 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		
	2. A copy of the Local Rules, Risk Assessment		
	3. Completed Practitioner Registration Forms including certificates and photographs		
	4. A plan of the premises (see attached guidance)		
	5. A copy of the public liability insurance (with schedule) for the premises		

List of Treatments (Please tick all that apply)

Vascular Treatments	Ablative Treatment	
Port wine stains	Removal of epidermal layers	
Telangectasia	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		

Under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004 Mansfield District Council may have to release the information contained in this form if asked to do so. The information you provide will be processed in accordance with the Data Protection Act 1998 which protects your personal information. Your personal information may be shared with other departments of the Council, other local authorities and government departments and agencies such as the Police to prevent and detect fraud, corruption, money laundering and other crimes and to manage your affairs in circumstances where the Data Protection Act allows us to do so. Your personal information will not be released except where the law allows.

For further information, see www.mansfield.gov.uk or contact the licensing department on 01623 463388.

DECLARATION: I have provided the documentation as required within section 19 of this application form. 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. I agree to comply with the conditions attached to any licence issued to me under the Nottinghamshire County Council Act 1985 (Part IV).

Signature	Date