APPLICATION FOR THE GRANT OF A LICENCE TO CARRY ON A MASSAGE OR SPECIAL TREATMENT ESTABLISHMENT

To: (INSERT COUNCIL) (INSERT ADDRESS)

| ۹. | 1. | I/We hereby apply to the (INSERT COUNCIL) to Licence the following premises under the Act :- | | | | |
|----|----|---|---|---|--|--|
| | | Business Name : | | | | |
| | | Address : | | | | |
| | | | | | | |
| | | Tel. No : | | | | |
| | 2. | I/We hereby declare :- | | | | |
| | а | that this application is true, and is made knowing that if a licence is granted, or renewed, it may be revoked if anything has been wilfully stated in this application which I/we know to be false or do not believe to be true. | | | | |
| | b | | o be registered in a place where nis application in the form | | | |
| | С | c that I/we have placed an order for a public notice of this application in the prescribed by the Council to appear in the local newspaper described bel which will be published within seven days of today's date. | | | | |
| | 3. | I/we enclose plans of the premises and will provide further plans the council reasonably require in connection with this application. | | | | |
| | 4. | I/We enclose cheque/p application fee. (<i>Pleas</i> application is unsucces | se note an administration o | being the prescribed charge will be made if this | | |
| | 5. | Dated this | day of | 200 | | |
| | | | Signed | (1) | | |
| | | | | (2) | | |

A LICENCE HAS EFFECT FOR A PERIOD OF ONE YEAR.

APPLICANT (Sole Trader or Partnership) B.

Forenames (in full) and Surname (See Note 1 below) If more than two applicants please give details on a separate sheet.

| Mr/Mrs/Miss: | Date of Birth: / / | | | | | | |
|--|--------------------|--|--|--|--|--|--|
| Private: | Tel. No: | | | | | | |
| Post Code: | | | | | | | |
| Place of Birth: | Nationality: | | | | | | |
| Qualifications held to give relevant treatments (documentary confirmation will be required). | | | | | | | |
| Mr/Mrs/Miss: | Date of Birth: / / | | | | | | |
| IVII/IVII 3/IVII33. | Date of Birth. / / | | | | | | |
| Private: | Tel. No: | | | | | | |
| Post Code: | | | | | | | |
| Place of Birth: | Nationality: | | | | | | |
| Qualifications held to give relevant treatments (documentary confirmation will be required). | | | | | | | |
| C. APPLICANT (Company, Society etc.) Forenames (in full) and Surname(s) of present Director(s) (See Note 1 below). If more than two Directors please give details on a separate sheet. | | | | | | | |
| Mr/Mrs/Miss: | Date of Birth: / / | | | | | | |
| Private: | Tel. No: | | | | | | |
| Post Code: | | | | | | | |
| Place of Birth: | Nationality: | | | | | | |
| Qualifications held to give relevant treatments (documentary confirmation will be required). | | | | | | | |
| Mr/Mrs/Miss: | Date of Birth: / / | | | | | | |
| | | | | | | | |
| Private: | Tel. No: | | | | | | |
| Post Code: | AL C. P. | | | | | | |
| Place of Birth: | Nationality: | | | | | | |
| Qualifications held to give relevant treatments (documentary confirmation will be required). | | | | | | | |

- <u>NOTE</u>: 1. In the case of a partnership, the full names of each partner and their respective private addresses must be entered; in the case of a company the name of the company and the address of its principal office.
- 2. Each partner of a partnership must sign. If the applicant is a company, a director or other authorised person must sign indicating position held.

D. STAFF WHO WILL CARRY OUT TREATMENTS IF OTHER THAN THE LICENSEE(S): Forenames (in full) and Surname(s)

If more than two staff please give details on a separate sheet. Mr/Mrs/Miss: Date of Birth: Private: Tel. No: Post Code: Place of Birth: Nationality: Qualifications held to give relevant treatments (documentary confirmation will be required). Previous experience/employments: Mr/Mrs/Miss: Date of Birth: / Tel. No: Private: Post Code: Place of Birth: Nationality: Qualifications held to give relevant treatments (documentary confirmation will be required). Previous experience/employments: Note: Two identical full-face passport size photographs (taken within the previous 12 months) of all persons who will be giving treatments must be supplied with this form. Each photograph should be endorsed with the date on which it was taken, bear the name in block capitals of the person whose likeness it bears, and be signed by the applicant. SERVICES PROVIDED ELSEWHERE E. 1. Does applicant propose to carry on a visiting massage service either from these premises or elsewhere? 2. If elsewhere, please state address(es) 3. Will the masseuses employed on this service also give treatment on the licensed premises?

F. DESCRIPTION OF PREMISES

| Please describe the premises | |
|---|-----|
| Please describe the type of lighting in the premises | |
| 3. How will the premises be heated? | |
| 4. What form of ventilation is to be used? | |
| 5. In the case of fire, how would you get out of the premises? | |
| (a) the basement (if any) | (a) |
| (b) the ground floor | (b) |
| (c) the upper floors | (c) |
| 6. Please describe the number and types of Fire Extinguishers and Fire Blankets you have in the premises? | |
| 7. What nights of the week do you want to be open? | |
| 8. What hours of opening and closing do you want? | |
| 9. (a) In which local paper will your public notice appear? | (a) |
| (b) What date will the paper be on sale? | (b) |
| 10. What will be the highest number of people (including staff) on the premises at any one time? | |
| 11. What is the number of toilets in the property? | |

G. TREATMENT TO BE GIVEN

| ELECTRICAL TREATMENT | OTHER TREATMENTS |
|----------------------|------------------|
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* IMPORTANT – All Electrical equipment used within the terms of the licence must be certified as to its safety not less than once in every period of twelve months, or such longer period as may be recommended, by an electrical contractor whose name is on the roll of the National Inspection Council for Electrical Installation Contracting (N.I.C.E.I.C.).

A valid certificate must accompany this application. It will be returned to you to retain.

All other equipment used within the terms of the licence shall be maintained in a safe condition to the satisfaction of the Council.

H. OTHER BUSINESS INTERESTS

Please give full details of any other similar business in which you, the Company, or any director thereof is, or has been, interested together with the nature and extent of such interest:

The Councils Licensing Officers at (INSERT ADDRESS) are there to help you. If you have any difficulty with this form, please talk to them. You may telephone them on: (INSERT TEL. NO.) during office hours.

| FOR OFFICIAL USE ONLY | Date Rec'd: | | | Lic. No: |
|--------------------------|-------------------|-----------|------|----------|
| | Rec. No: | Amount: £ | | Issued: |
| Form Sent: | Elec. Cert. Date: | Valid: | Yrs. | App. No: |