

**APPLICATION TO LICENCE AN ESTABLISHMENT FOR
MESSAGE OR SPECIAL TREATMENT**

To: Melton Borough Council

I/WE, the undersigned, hereby apply for a licence authorising me/us to carry on an Establishment for Massage or Special Treatment:

Please complete either Section A or B, and Section C.

SECTION A – Complete where applicant(s) is a/are private individual(s)

1. FULL names of applicants (Use separate sheets if necessary)	MR/MRS/MS/OTHER (Delete as applicable)
2. Maiden name(s) (if applicable)	
3. Date(s) of birth (Applicants must be over 21)	
4. Private address(es) of applicant(s) (Use separate sheets if necessary)	
5. Previous address(es) if less than 2 years at present address: (Use separate sheets if necessary)	
6. Contact telephone number(s):	
7. Relevant technical qualifications held:	

SECTION B – Complete where application made on behalf of company, society, association etc.

1. Status of organisation i.e. company, society, association or other body (specify):	
2. The address of the registered or principal office (if any):	
3. The names in full of the directors or other persons directly or indirectly responsible for the management of the body:	
4. The private addresses of the persons whose names are given at (3): (Use separate sheets if necessary)	
5. Full name(s) of person(s) who will be responsible to management of establishment:	
6. Private address of such person(s): (Use separate sheets if necessary)	
7. Relevant technical qualifications held by such person(s):	

SECTION C

1. Trade name or style or title under which the establishment is or is proposed to be carried on:	
2. Address of establishment:	
3. Description of premises or part of premises to be used for the business:	
4. Nature of establishment and of business to be carried on i.e. nature of treatment to be given, e.g.: (a) Massage, or chiropody: (b) Electric treatments, radiant heat, light, electric vapour treatment or other baths for therapeutic treatment: (c) Sauna or other baths for therapeutic treatment or (d) Other similar treatment.	<u>Tick all applicable</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. State whether it is intended to install any electrical or other apparatus and, if so, give a description thereof.	
6. State whether applicant or any person named is or has been interested or employed in any other establishment for massage or special treatment and, if so:-	
(a) Name and address of establishment:	
(b) Nature and extent of interest	
State whether applicant or any person named in Section B has been convicted in respect of any offence in connection with an establishment for massage or special treatment, or in respect of any offence against decency or public morals. If so, give particulars.	
State whether any application made by applicant or any person named in section B for a licence in respect of any establishment for massage or special treatment has been refused. If so, state when and by which authority.	

I/We declare that the foregoing particulars are true in every respect.

Signature: _____

(or signatures in the case of a partnership): _____

Date: _____

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.