

SOUTHEND-ON-SEA BOROUGH COUNCIL
DEPARTMENT FOR PLACE
(REGULATORY SERVICES)

PO BOX 6, CIVIC CENTRE, VICTORIA AVENUE, SOUTHEND-ON-SEA, ESSEX SS2 6ZG

ESSEX ACT 1987

APPLICATION TO LICENCE AN ESTABLISHMENT FOR MASSAGE OR SPECIAL TREATMENT

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 applicant(s) is/are private individuals

1.	FULL names of applicant(s):	MR/MRS/MS/OTHER *Delete as appropriate
2.	Maiden name(s) (if applicable)	
3.	Date(s) of Birth(N.B.Applicants must be over 21):	
4.	Private address(es) of applicant(s):	
5.	Previous address(es) if less than 2 years at present address:	
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):	
5.	Full name(s) of person(s) who will be responsible for the management of the establishment:	
6.	Maiden name(s) (if applicable)	
7.	Date(s) of birth (N.B. Applicants must be over 21):	
8.	Private address of such person(s):	
9.	Previous address(es) if less than 2 years at present address:	
10.	Contact Telephone Number(s):	
11.	Relevant Technical Qualifications held by such	

person(s):	
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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.:-	<u>Tick all applicable</u>
(a)	Massage, or chiropody:	<input type="checkbox"/>
(b)	Electric treatments, radiant heat, light, electric vapour treatment or other baths for therapeutic treatment	<input type="checkbox"/>
(c)	Sauna or other baths for therapeutic treatment: or	<input type="checkbox"/>
(d)	Other similar treatment	<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.

I/We hereby give notice to the Chief Officer of Police of my/our intention to apply to Southend-on-Sea Borough Council for a licence under Part VI of the Essex Act 1987. I understand applicants will be the subject of a Police record check, and that spent convictions are not taken into account. I/we give consent to a Police record check being made.

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

Dated _____

WARNING - A person applying for a licence who provides any information which he knows to be false in a material sense or intentionally withholds any material information is liable on summary conviction to a penalty not exceeding £2500.

This form when completed and signed must be forwarded together with the prescribed fee to Department for Place (Regulatory Services), Southend-on-Sea Borough Council, PO Box 6, Civic Centre, Victoria Avenue, Southend-on-Sea, Essex SS2 6ZG (Telephone: (01702) 215814/215819).

SOUTHEND-ON-SEA BOROUGH COUNCIL

Essex Act 1987

APPLICATION TO LICENCE AN ESTABLISHMENT FOR MASSAGE OR SPECIAL TREATMENT/APPLICATION TO ADMINISTER MASSAGE OR SPECIAL TREATMENT - THE PHOTOGRAPHS

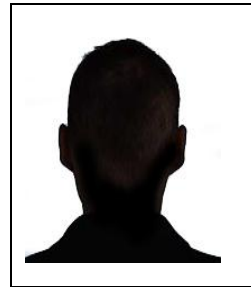
Two photographs of the applicant must be included with your application, which shall be:

- (i) taken against a light background so that the applicant’s features are distinguishable and contrast against the background,
- (ii) 45 millimeters by 35 millimeters,
- (iii) full face uncovered and without sunglasses and, unless the applicant wears a head covering due to his religious beliefs, without a head covering,
- (iv) on photographic paper,
- (v) one of which is endorsed with a statement verifying the likeness of the photograph to the applicant by a solicitor, notary, a person of standing in the community (this includes a bank or building society official, a police officer, a civil servant or a minister of religion), or any individual with a professional qualification.

Please ask your countersignatory to certify the rear of one photograph with the handwritten words: “I verify this to be a true likeness of (NAME)”. The photo should then be signed and the name printed, also state how they qualify.



Photos should be stapled at the edge in the spaces provided



Name of Applicant (PLEASE PRINT).....

Address of Applicant
.....
.....

Name and Address of the person certifying the photographs (PLEASE PRINT)

Name

Address

Contact/Telephone

Signature

State how the person qualifies to certify the photographs

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LIST OF ACCEPTABLE SIGNATORIES FOR PERSONAL PHOTOGRAPHS

Accountant
Articled Clerk of a Limited Company
Assurance Agent of Recognised Company
Bank/Building Society Official
Barrister
Broker
Chairman of a Limited Company
Chemist
Chiropodist
Civil Servant (permanent)
Commissioner of Oaths
Councillor: Local or County
Dentist
Director of a Limited Company
Doctor
Engineer (with professional qualifications)
Fire Service Official
Funeral Director
Insurance Agent (full time) of a recognised Company
Justice of the Peace
Legal Secretary (members and fellows of the Institute of legal secretaries)
Local Government Officer
Manager/Personnel Officer (of Limited Company)
Member of Parliament
Merchant Navy Officer
Minister of a recognised Religion
Notary
Nurse (SRN & SEN)
Officer of the Armed Services (Active or Retired)
Optician
Person with Honours (eg MBE etc)
Photographer (Professional)
Police Officer
Post Office Official
President/Secretary of a recognised organisation
Prison Officer
Salvation Army Officer
Social Worker
Solicitor
Surveyor
Teacher/Lecturer
Warrant Officers and Chief Petty Officers

Or persons of similar standing to the above, working or retired, are acceptable as signatories.

Please note:

Applicant must be known to signatory.

Relatives or partners are not acceptable nor are other personal licence holders or licensees unless they also qualify in one of the above categories.

Final decision on the validity of signatories rests with the Licensing Authority.