

**ESSEX COUNTY COUNCIL  
ESSEX ACT 1987**

APPLICATION FOR THE **RENEWAL** OF A LICENCE  
TO CARRY ON AN ESTABLISHMENT FOR MASSAGE  
OR SPECIAL TREATMENT

To: Essex County Council  
**Trading Standards**  
CG32, County Hall  
Market Road  
Chelmsford  
Essex, CM1 1QH

1. I/We hereby apply to Essex County Council to continue to Licence the following premises under the Essex Act 1987:

Business name:

Address:

Licence No:

Telephone No (please complete)	
Email address (please complete)	

2. I/We hereby declare that

- details of all staff, including the licensee(s), providing treatments at the premises have previously been notified to Essex County Council and no changes have been made to those personnel, **or**
- any changes have been detailed on the enclosed form(s)

Delete as appropriate.

3. Please enclose a list of staff currently employed to provide treatments at the premises with this renewal letter.

4. I/We hereby declare that details of all treatments provided at the premises are listed in the table below:

Treatments currently  
included on licence

Treatments additional to  
those stated on the  
licence

Treatments stated on the  
licence that are no longer  
provided

5. I/We hereby declare that this application is true and is made knowing that if the licence is renewed it may be revoked if anything has been wilfully stated in it which I/we know to be false or do not believe to be true.
6. I/We have paid **£87.00**, via Card/BACS being the prescribed renewal fee plus £25.00 each for any additional members of staff.

Applicant (1)	
Signed	
Position in business/company	
Email address:	
Dated	
Applicant (2)	
Signed	
Position in business/company	
Dated	

## **A LICENCE HAS EFFECT FOR A PERIOD OF ONE YEAR**

**WARNING** – A person applying for a licence, or a modification of same, who provides any information which he knows to be false in a material sense, or intentionally withholds any material information is liable to be prosecuted.

This form, when completed and signed, must be sent to

Essex County Council  
**Trading Standards**  
CG32, County Hall  
Market Road  
Chelmsford  
Essex, CM1 1QH

**The information gathered in this form may constitute personal data as defined in the Data Protection Act 1998. Any personal data will be processed in accordance with the requirements of that Act.**

**Please note that it is an offence under Section 33 of the Health and Safety at Work Act to provide false information. Incomplete or inaccurate information could result in a delay in processing your application.**

**The information entered in this form may be stored electronically. The information may, where appropriate, be shared with other relevant bodies such as other licensing authorities, local authorities, the police or the Health and Safety Executive. You have the right to request a copy of any personal information and to have any inaccuracies corrected.**



**ESSEX COUNTY COUNCIL  
ESSEX ACT 1987**

**NOTIFICATION OF CHANGES TO STAFF  
EMPLOYED TO CARRY ON MASSAGE  
OR SPECIAL TREATMENTS**

Business name:

Address:

Licence No:

Telephone No (please complete)	
Email address:	

I hereby declare that:

1. that this notification is made knowing that the premises licence may be revoked if anything has been wilfully stated in this notification which I know to be false or do not believe to be true.
2. that details of any criminal convictions against the therapist(s) (whose details are enclosed) have been declared on the notification.
3. that payment for £25.00 per member of staff has been made via Card / BACS being the prescribed notification fee is enclosed.

**PLEASE NOTE**

A person submitting a notification of changes to staff who provides any information which he knows to be false, or intentionally withholds any material information, is liable to be prosecuted.

Signed ..... Dated .....

..... Position

**The information gathered in this form may constitute personal data as defined in the Data Protection Act 1998. Any personal data will be processed in accordance with the requirements of that Act. The information entered in this form may be stored electronically. The information may, where appropriate, be shared with other relevant bodies such as other licensing authorities, local authorities, the police or the Health and Safety Executive. You have the right to request a copy of any personal information and to have any inaccuracies corrected.**

**STAFF PROVIDING TREATMENTS**

Mr/Mrs/Miss  Name	Date of Birth
Private Address	Telephone No   Email address:
Qualifications / please provide copies of relevant qualifications	
Details of any criminal convictions in connection with an establishment for massage or special treatment, or in respect of any offence against decency or public morals.	

**Please Note:** Two identical full-face passport size photographs (taken within the previous 12 months) of all therapists who will be giving treatments (including if appropriate the licensee(s)) 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 therapist whose likeness it bears, and be signed by them.

**Please Note - One copy of this form must be completed for each new therapist.  
Please photocopy the form as necessary.**

**ESSEX COUNTY COUNCIL  
ESSEX ACT 1987**

**NOTIFICATION OF NON REQUIREMENT OF LICENCE  
TO CARRY ON AN ESTABLISHMENT FOR MASSAGE  
OR SPECIAL TREATMENT**

To: Essex County Council  
**Trading Standards**  
CG32, County Hall  
Market Road  
Chelmsford  
Essex, CM1 1QH

Business name:

Address:

Licence No:

Telephone No (please complete)	
Email address	

I/We hereby inform Essex County Council that the applicant(s) no longer require a licence for the premises because:

- The business is no longer trading
- The business is no longer under the control of the applicant(s)
- I/We no longer provide any treatment that would require a licence under the Essex Act 1987

Applicant (1)	
Signed	
Position in business/company Email address:	
Dated	
Applicant (2)	
Signed	
Position in business/company	
Dated	