Fair Processing Statement – Any personal data held by Birmingham City Council in relation to your application for a Massage and/or Special Treatment Licence will be held in full compliance with the legal obligations as set out in the Data Protection Act 1998 and in accordance with the Council's Privacy Policy; a copy is available on the Council's website: www.birmingham.gov.uk/privacy. To protect the public fund we may also use the information you have provided on this form to prevent and detect fraud. We may share this information for the same purposes with other Council Departments and organisations for example with other councils and the police.

BIRMINGHAM CITY COUNCIL ACT 1990
Application forms to apply for a Licence for Massage and/or Special Treatments

Fully complete all sections of the application form and return it to the Licensing Section, Crystal Court, Aston Cross Business Village, 50 Rocky Lane, Aston, Birmingham B6 5RQ or by email to licensing@birmingham.gov.uk

The law requires that you must also inform the West Midlands Police that you have made the application. The pack includes a form that enables you to comply with this requirement. The form must be completed and sent to **Chief Constable, West Midlands Police, PO Box 52, Lloyd House, Colmore Circus Queensway, Birmingham, B4 6NQ**

GRANT

If your application is for a **new** licence then you must complete the Notice of Application (included at the end of this pack reference number MST1/23)

On the same date as you make your application, you must display the Notice of Application on or near the premises for a period of 21 days. **The notice must be in a position to be easily seen at all times by the public passing by outside the premises**.

After the 21 days has passed, please complete and sign the Certificate on the back of the Notice and return it to the Licensing Section. **A licence cannot be issued unless this is returned**.

An electrical certificate is required for the grant of a licence. The certificate should be signed by a competent electrician certifying the safety of all electrical installations, equipment and electrical apparatus used within the establishment for the purpose of the licence.

Fees for a new licence are as follows:-

Any premises where **one** level of treatment only is offered, ie. massage or sauna or spa pools/ therapeutic baths or electrical treatment (sunbeds) etc, **£170 per annum**.

Any premises where **two** or more levels of treatment are offered **£220 per annum**.

RENEWAL – NB – Ensure that you enclose a completed electrical certificate with your application (required under condition 29 of your licence) – any application submitted without the certificate will be deemed incomplete. Any such incomplete application will be returned unprocessed if not rectified within 2 weeks of receipt.

If your existing licence is due for renewal, please make sure that the completed application form reaches the Licensing Section **before** the expiry date. If it is late your licence will have expired and **you will not be covered for massage and special treatments. You will also have to apply for a new licence, pay the higher fee and display the Notice of Application**.

Any premises where **one** level of treatment only is offered, ie. massage or sauna or spa pools/ therapeutic baths or electrical treatment (sunbeds) etc, the fee is **£135 per annum**.

Any premises where **two** or more levels of treatment are offered the fee is **£176 per annum**.

TRANSFER

For transfer of an existing licence to another body, the application form should be completed and submitted to the Licensing Section.

On the same date that the application is made to the Licensing Section, notice must also be given to the West Midlands Police.

An inspection will be carried out by a Licensing Enforcement Officer.

The fee for transfer of a licence is **£80**.

CHANGE OF DETAILS

To add new treatments to an existing licence you must complete the application form and pay a fee of **£80**.

An inspection will be carried out by a Licensing Enforcement Officer

Please make any cheques payable to Birmingham City Council or contact the Licensing Section to make a payment by credit or debit card by telephoning 0121 303 9896.

TACIT CONSENT

Your application should be determined within 60 days of receipt of all the information necessary for the Council to process and determine the application. In the case of an incomplete application form, the Licensing Section will contact you for additional information to enable the application to be processed. Please refer to the Council's requirements for Massage and/or Special Treatments Licence which are contained within this pack.

Tacit Consent will not apply as it is in the public interest that the authority must process your application before it can be granted. If you have not heard from the Council within a reasonable period of time, please contact us using the contact details below.

Refund Policy for all applications

Any application withdrawn prior to a licence being granted or renewed, then 50% of the application fee will be refundable. No refund is payable for those applications refused following a hearing by the Licensing Committee.

BIRMINGHAM CITY COUNCIL ACT 1990

Application for a Licence to use any Premises as an Establishment for Massage and/or Special Treatments

1 Trading Name of Massage/Special Treatment Business:

……

Address of Business: …..……..…

……Tel No……

2. Is the application being made by an individual: ☐ ***(go to Q 3)***
or on behalf of a partnership ☐ ***(go to Q 4)***
or a company? ☐ ***(go to Q 4)***

INDIVIDUAL APPLICANT'S DETAILS

3. Full name of the Applicant……..
(Any former names must also be given).

Home Address of the applicant ……

……

Date of birth ……..……

National Insurance no or the EU Member State equivalent. ……..……

Contact tel. no (during normal office hours) ……

Address you wish any correspondence to be sent to …….

……...……

COMPANY/PARTNERSHIP APPLICATION DETAILS

4. Name of Company and company registration number (where applicable)……..

Address…….

……

If the applicant is a company, complete the details below in respect of each of the directors, the company secretary or other persons responsible for the management of the company. In the case of a partnership, details of all the partners must be given.

Name	Address	Designation

GENERAL DETAILS OF THE APPLICATION

The following questions are to be answered by all applicants

5. Is this application for a

Grant ☐ or a Renewal ☐ or a Transfer ☐ or to add further treatments ☐

If renewal give the date existing licence is due to expire: ……

6. For what activities is the licence required?

Massage ☐ Sauna ☐ Solaria/Sunbed ☐ Spa/baths etc ☐ Steam treatment ☐.

If any other treatment, please give details ……

7. Will the massage or special treatment be available specifically for:

Males: ☐ Females: ☐ Both: ☐

8. Give details of the time during which it is proposed that the premises shall be open.

i) Days of the week: …….

ii) Hours of the day: ……..

NB. Treatments shall be permitted only between 6am and 12 midnight on any day

9. Are the whole premises described above to be used for massage/special treatment?

Yes ☐ No ☐

10. If the answer to question 9, above, is 'No', please state:

i) Which part of the premises is to be used for the purposes of the licence?

……..

ii) What are the rest of the premises used for?

…..……...……

11. Are the premises leasehold? Yes ☐ No ☐

Are the premises freehold? Yes ☐ No ☐

Please give the name and address of the landlord or of the freeholder:

……

……...

12. State the full name(s) and address(es) of the owner(s) of the massage/special treatment business, if different to the applicant.

……

……

……

13. If there is to be a manager responsible for the premises in the absence of the licence holder, please supply the following details:

First Name	Surname	Former Name (if any)	Permanent Address	Date of Birth

14. Please give details of **ALL** persons who will be administering treatment (whether qualified or not)

Full Name	Address

NB - For each person detailed above you must complete a personal details form (document ref MST 6/1) and submit all completed forms with this application

15. Please give details of involvement with any other massage or special treatment establishment and also the nature and extent of such interest, either as:

a) owner or director of owning company: …….

……

or

b) employee: ……

……...……

16. Has the applicant or any persons named of this form any convictions/cautions? **Yes** ☐ **No** ☐

If so, please give details below (road traffic convictions/endorsements need not be stated):

Convictions:

First Name	Surname	Former Name (if any)	Court	Date	Offence	Penalty or Sentence

Cautions:

First Name	Surname	Former Name (if any)	Offence	Date	Where Caution Administered

(If necessary, please continue on a separate sheet)

DECLARATION

To be completed by Applicant:

I, declare that the information given above is true and correct to the best of my knowledge and I understand that if I provide any false information or intentionally withhold any relevant information, I am liable to prosecution.

Signed:.....Date of Application: ...../...../.....

Name (PLEASE PRINT) ..……..……

JobTitle ……..……

NB: If the application is on behalf of a company, the Company Secretary, or Director of the company should sign the above declaration. If any person signs the declaration on behalf of an applicant, please state in what capacity you are acting.

If completed on behalf of an Applicant please complete the following:

I can confirm that the details given on this form are as stated by the applicant and are correct to the best of my knowledge.

Name (block capitals) ……..…

Organisation …….

Relationship to Applicant (eg Solicitor, Employer) ……..……...

Signature ……..…… Date ……..…/……/……..…….

Completed Applications should be returned to:

The Licensing Section
Crystal Court
Aston Cross Business Village
50 Rocky Lane, Aston,
Birmingham, B6 5RQ
Email: licensing@birmingham.gov.uk

Checklist for Applicants

Have you remembered to:-

Enclose cheque/payment ☐

Sign application form ☐

Send Notice of Application to WM Police ☐

Enclose completed Personal details form for each Person listed in section 14 ☐

Display Notice of Application (grant only) ☐

Electrical Certificate (required for grant & renewal) ☐

BIRMINGHAM CITY COUNCIL ACT 1990

LICENSING OF MASSAGE AND SPECIAL TREATMENTS

ELECTRICAL CERTIFICATE

This is to certify that the electrical installation in respect of:-

(Premises) …….

…….

was inspected on ……. and I herby confirm the safety of all electrical installations, equipment and electrical apparatus used within the establishment for the purpose of the licence.

Signed: ……

Company Name …….

Company Address …….

……..

NOTE **This certificate must be signed by one of the following:-**

(a) a Chartered Electrical Engineer
or (b) a member of the Electrical Contractors Association
or (c) a certificate holder of the National Inspection Council for electrical installation contacting
or (d) the Electricity Supplier

Licensing Section
Crystal Court
Aston Cross Business Village
50 Rocky Lane
Aston
Birmingham
B6 5RQ

Tel no: 0121 303 9896

TO BE SENT TO THE CHIEF CONSTABLE, WEST MIDLANDS POLICE

BIRMINGHAM CITY COUNCIL ACT 1990

Notice of Application for a Licence to use Premises as an Establishment for Massage and/or Special Treatment

Please note that I, …… (full name)

applied on ……..…… (date)

to Birmingham City Council for a licence to conduct massage and/or special treatment under the above Act at the following address:-

Name of Business …….

Address of Business …….

……..

…….....……

Please send this form to:-

The Chief Constable
West Midlands Police
PO Box 52
Lloyd House
Colmore Circus Queensway
Birmingham
B4 6NQ

BIRMINGHAM CITY COUNCIL ACT 1990

Notice of Application for a Licence to Conduct Massage and/or Special Treatment

I GIVE NOTICE THAT I,

……. (full name – Block Capitals)

APPLIED TO BIRMINGHAM CITY COUNCIL

ON* ……(date)

FOR THE GRANT OF A LICENCE FOR MASSAGE & SPECIAL TREATMENT (eg body massage, sun beds, solaria, spa pool/therapeutic bath, sauna)

……(name of premises)

……..…….

…….…….. (address of premises)

DURING THE INTENDED OPENING HOURS OF ……

…….

ANY **OBJECTIONS** TO THIS APPLICATION MUST BE MADE, IN WRITING, TO:

THE LICENSING SECTION
CRYSTAL COURT
ASTON CROSS BUSINESS VILLAGE
50 ROCKY LANE, ASTON
BIRMINGHAM B6 5RQ

NO LATER THAN 21 DAYS AFTER THE DATE* OF THE APPLICATION, STATING THE GROUNDS FOR THE OBJECTION.

NOTE:

1. **THE NOTICE OVERLEAF/ OR ONE IN A SIMILAR FORM, MUST BE DISPLAYED CONTINUOUSLY FOR A PERIOD OF 21 DAYS BEGINNING WITH THE DATE OF YOUR APPLICATION, ON OR NEAR THE PREMISES TO BE LICENSED AND IN A PLACE WHERE THE NOTICE CAN EASILY BE READ BY THE PUBLIC PASSING BY.**

CERTIFICATE

TO BE COMPLETED BY ALL APPLICANTS

I confirm that a copy of the notice overleaf was displayed on or near the premises to be licensed, in a place where the notice could easily be read by the public, for a period of 21 days.

From (date)……. to (date) ……..

Signature of applicant ……

Date ……..……..…

NOTE: THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE LICENSING SECTION AT THE ADDRESS OVERLEAF.