

B. APPLICANT (Sole Trader or Partnership)
 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: / /
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:	
Place of Birth:	Nationality:
Qualifications held to give relevant treatments (documentary confirmation will be required).	

NOTE:

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.

NOTE: SECTIONS D, E AND F NEED NOT BE COMPLETED IF THERE HAS BEEN NO CHANGE TO THE STAFF OR THE BUILDING SINCE THE TIME OF APPLICATION OR THE LAST DATE OR RENEWAL.

- 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: / /
Private:	Tel. No:
	Post Code:
Place of Birth:	Nationality:
Qualifications held to give relevant treatments (documentary confirmation will be required).	
Previous experience/employments:	

- E. **DESCRIPTION OF PREMISES:**

1. Please describe the premises.	
2. Please describe the type of lighting in the premises.	
3. Please describe the number and types of Fire Extinguishers and Fire Blankets you have in the premises.	
4. Hours of opening and closing.	

