**BIRMINGHAM CITY COUNCIL ACT 1990**

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

I GIVE NOTICE THAT I,

Click or tap here to enter full name. (Full name – Block Capitals)

APPLIED TO BIRMINGHAM CITY COUNCIL

ON\* Click or tap to enter date (Date)

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

Click or tap here to enter premises trading name. (Name of premises)

Click or tap here to enter address line 1.

Click or tap here to enter address line 2.

Click or tap here to enter Town/City.

Click or tap here to enter postcode. (Address of premises)

DURING THE INTENDED OPENING HOURS OF

Click or tap here to enter opening hours.

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

BIRMINGHAM CITY COUNCIL

REGULATION & ENFORCEMENT

LICENSING SECTION

P.O. BOX 17831

BIRMINGHAM

B2 2HJ

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 SIMIALR 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.**

**CERTFICATE**

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.