



Kelham Hall
 Kelham
 Newark –on-Trent
 Nottinghamshire
 NG23 5QX
 Tel: 01636 655655

**APPLICATION FOR NEW, TRANSFER, VARIATION OR RENEWAL OF LICENCE FOR THE
 OPERATION OF AN ESTABLISHMENT FOR THE USE OF INTENSE LIGHT SYSTEMS AND/OR LASER
 EQUIPMENT ONLY**

SECTION 1 INTENSE LIGHT SYSTEMS AND/OR LASER EQUIPMENT ONLY

To be fully completed by the applicant in all cases

I/We hereby apply for a licence: (delete as appropriate) Grant / Transfer/ Variation/ Renewal

PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

1	Name of Applicant/Company						
2	Maiden /Former Name(s) (if applicable)						
3	Date Of Birth /Place of birth (if applicable)						
4	Address of Applicant						
		Post Code					
		Telephone Number					
5	Status of Applicant	Individual		Partnership		Company	
6	Trading Name of premises to be licensed						
7	Registered address of Company						
		Post Code					
		Telephone Number					
9	Company No. (where applicable)						
10	Full address of premises to be licensed						
		Post Code					
		Telephone Number					
11	Will the applicant normally be in attendance at the establishment? (Please tick the appropriate box)	YES		Full Time			
				Part Time *			
		NO *					
12	* Where the applicant is not in full time attendance at the premises you must provide details (including contact details) of the person having day-to-day responsibility for running the premises; and whether that person will normally be in attendance at the premises.						
13	Name and address of Business Laser Protection Advisor (LPA)						
		Post Code					
		Telephone Number					
14	Details of qualifications of the LPA						

15	Name and address of Laser Premises Supervisor (LPS)		
		Post Code	
		Telephone Number	
16	Please list the Laser and or Intense Light System (S) (Prescribed Equipment) to be used at the premises and operating frequency of the equipment (use separate sheet if necessary)		
17	Please provide details of eye protection to be used with the above equipment. (Include British Standard Reference No.)		
18	Name of Practitioners (Authorised Users)of the equipment Note: A Practitioner's Registration Form must be completed for each practitioner at the premises, INCLUDING THE LPS where appropriate.	1.	
		2.	
		3.	
		4.	
		5.	
19	Please attach the following documents		√
	1. A copy of the Treatment Protocol produced or approved by an Expert Medical Practitioner for each Laser and /or Intense Light System (Prescribed Equipment) to be used on the premises		
	2. A copy of the Local Rules, Risk Assessment and Register of Authorised Users		
	3. Completed Practitioner Registration Forms including certificates and photographs		
	4. A plan of the premises (see attached guidance)		
	5. A copy of the public liability insurance (with schedule) for the premises		

List of Treatments (Please tick all that apply)

Vascular Treatments	Ablative Treatment	
Port wine stains	Removal of epidermal layers	
Telangectasia	Acne scarring	
Thread veins	Wart removal	
Leg veins	Benign lesions	
Pigmented Treatments	Photo-Rejuvenation	
Tattoo removal	Photo-aging	
Pigmented lesions	Rosacea	
Lentignes	Large pores	
Photo-aging	Mottled pigmentation	
Hair Removal	Any other Treatment (Please list)	
Body and facial hair		
Hair management for hirsutism		

DECLARATION: I have provided the documentation as required within section 19 of this application form. I declare that the information that I have provided is correct to the best of my knowledge and understand that I will be guilty of an offence if I knowingly provide false information. I agree to comply with the conditions attached to any licence issued to me under the Nottinghamshire County Council Act 1985 (Part IV).

Signature	Date