



LONDON LOCAL AUTHORITIES ACT 1991

ESTABLISHMENT FOR SPECIAL TREATMENT

APPLICATION FOR A NEW LICENCE / RENEWAL / TRANSFER*

*Delete as applicable.

Copies of the completed application form should be returned to the following:

Licensing Authority
Civic Centre
London Road
Morden
SM4 5DX

Chief Superintendent
Metropolitan Police
Twickenham Police Station
London Road
Twickenham TW1 3SY

Fire Safety Regulation : South West Area 4
169 Union Street
London SE1 OLL

I/We hereby apply to the Council of the London Borough of Richmond upon Thames, in pursuance of the provisions of Part II of the London Local Authorities Act 1991, for the licensing of the following premises as an establishment for special treatment:-

Form with fields for Premises Name, Premises Address, Tel No, Email address, Website, and Reference No. MST.

(Forms to be completed in block capitals.)

Table with 2 columns: OFFICE USE ONLY, and payment/qualification options like Cheque / Postal Order / Cash and Qual Cert / Plans / Elec Cert.

Receipt No	Date Ack	Lic Issued
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Official
This part to be completed if the application is made by an individual or partnership or unincorporated organisation.

Name of applicant <i>State whether Mr/Mrs/Ms</i> <i>Surname in block capitals</i>	Private Address Contact Tel Email address	Date of Birth	Nationality <i>If other than British state</i> <i>Registration No.</i>	Qualifications and Experience

This part to be completed if the application is made by a limited liability company or other incorporated body.

Particulars of Directors Full Names <i>Surname in Block Capitals</i>	Private Address	Nationality If <i>other than British state</i> <i>Registration No.</i>	Qualifications and Experience

(i) Name of Company or other incorporated body

(ii) Registered or principal office:

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Address of any other establishment in which applicant(s) is or has been interested in:

.....

.....

Have you been convicted in any legal proceedings or been refused or revoked a licence to carry on any establishment for massage or special treatment Yes No

Official	
Trade Name or title under which the establishment is to be carried on:	
The interest of applicant(s) in the premises to be licensed, i.e leaseholder, rented etc	
Name and address of owner of the premises [If not the applicant(s)]:	
Will the applicant(s) be personally responsible for the conduct and management of the premises?	
If not, who will be responsible for the conduct and management of the premises?	

List below all therapists who give treatments in any capacity at the premises (Please continue on separate sheet if required.):

Full name (<i>inc maiden name</i>)	Qualifications	Name and address of Training Establishment	Period of Study		Date exams passed
			From	To	
1.					
2.					
3.					
4.					

Please mark those treatments which will be given as part of the Business (9)

Acid Peel		False Nails		Make-Up		Skin Tags	
Acupuncture		Faradic		Manicure		Spa & Bath	
Aromatherapy		G5		Massage		Sports Massage	
Body Exfoliation		Galvanic		Micro Pigmentation		Spray Tanning	
Body Piercing		High Frequency		Milia		Sugaring	
Body Wrap		Hot Stone Therapy		Nail Piercing		Swedish Massage	
Brow Shape		Indian Head Massage		Non Surgical Lift		Tattooing	
Chiropody		Infra Red		Pedicure		Threading	
Colonic Irrigation		Ionythermie		Red Veins		Thread Vein	
Diathermy		IPL		Reflexology		UV Tanning	
Ear Piercing		Laser Hair Removal		Sauna & Steam		Vacuum Suction	
Electrolysis		Lash & Eyebrow Tint		Sclerotherapy		Waxing	
Epilation		Lash Perm		Self Tanning		Others:	
Facial		Lymphatic Drainage		Shiatsu			

Others (please provide details)

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.....

Is Electrical Equipment used for giving treatments? **Yes** **No**

If yes, please list below and include an up to date certificate with your application

Is it intended to give treatment in conjunction with a hairdressing business?	
Is it intended to give treatment to both sexes or to men or women only?	
Description of premises to be licensed – a sketch plan of premises should be enclosed with the application	
State approximate floor area and height of the part of the premises which the public will occupy	
Means of lighting the premises	
Means of heating the premises	
Means of ventilating the premises	
Means of escape in case of fire from:	
(a) Basement (if any)	
(b) Ground Floor	
(c) Upper Floors	
Type and location of fire fighting appliances provided or proposed to be provided.	
Has the applicant complete control over private corridors or passageways onto which the premises open? If only partial control, what other users are there?	
Sanitary accommodation (<i>distinguishing any for staff use only</i>):	
(a) W.C's for men	
(b) W.C's for women	
(c) Urinal Stalls	
(d) Wash basins for men	
(e) Wash basins for women	
(f) Showering facilities with regard to sun tanning	
Proposed methods used for sterilisation of all equipment materials and instruments.	
Arrangements for disposal of all clinical and medical waste (including discarded needles) (See Standard Condition 25(b)).	
Please state proposed opening times	
Proposed maximum number of persons to be allowed on the premises at any one time.	

APPLICANT DECLARATION

I/We hereby declare that:

- a) The particulars contained within this application form and qualification forms are true to best of my/our knowledge.
- b) I/We have completed and enclosed details regarding staff qualifications.
- c) I/We have sent true copies of this application form to the Commissioner of Police for the Richmond upon Thames area and to the Fire Authority.
- d) I/We will comply with the conditions attached to any licence granted.
- e) I/We have not been convicted of any offence under Part II of the London Local Authorities Act 1991.

I/We undertake to submit

- f) any plan of the premises to the London Borough of Richmond upon Thames in respect of this application.
- g) an electrical inspection certificate as required by the relevant standard conditions.
- h) any other details requested by the London Borough of Richmond upon Thames in connection with this application.
- i) a cheque/postal order (made payable to London Borough of Richmond upon Thames) for the prescribed fee.
- j) two passport size photographs of the licensee and all approved employees.

Signature of applicant: **Date:**

Personal Information Policy

The Council will use your details, the information about your dealings with the Council and the information about you available to the Council ("your information") to:

- deal with your requests and administer its departmental functions in the processing of your application.
- meet its statutory obligations
- prevent and detect fraud
- conduct surveys and research
- contact you with information about activities and events involving the Council or with offers which it thinks may be of interest to you

The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other Departments within the Council (including the elected members), central government Departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.