



**APPLICATION TO RENEW A MASSAGE AND SPECIAL TREATMENT ESTABLISHMENT LICENCE
LONDON LOCAL AUTHORITIES ACT 1991 Part II**

DECLARATION FORM

If there are no changes to be made to your licence, you must complete **ALL PARTS OF THIS FORM** and send it to the address shown at the end of this document. You must also pay the required fee.

If you have made changes to the layout of your premises, the treatments you give (adding or removing a treatment) or you wish to amend a licence condition please complete a variation application form and send it to us together with this renewal application form. You will not need to pay a separate variation fee but changes to the treatments you give may increase or decrease your renewal fee.

If you have changed your name and/or address, please complete a transfer application form and send it to us together with this renewal application. You will not have to pay a separate fee.

If you have changed the manager in the last 12 months, please provide details of the change below.

I wish to apply for the renewal of the current licence(s) held for:

Trading name of premises

Address of premises (if only using part of a premises, e.g. the ground floor, please give details)

Email address

Telephone number

Contact telephone number/email for this application

Borough
Merton/Richmond/Wandsworth (Please delete as appropriate)

Licence holder details:	
Name of licence holder	
Address for correspondence	
Email address	
Telephone number	
In the case of a limited company/incorporated body, please provide the company registration number	

Manager details	
Name of manager	
To be completed only if the manager has changed in the last twelve months	
Title: Mr Mrs Miss Ms Other title	
Surname	First name(s)
Date of birth	Place of birth
Home Address	
Telephone number	Email address
Please give details of the manager's experience and any membership of professional bodies	

Declarations:	
I am not seeking any variation to the existing licence, except as shown and declare there are <u>NO</u> changes to the following: (please tick the boxes)	
1. Current licence holder(s)	<input type="checkbox"/>
2. Address of licence holder(s)	<input type="checkbox"/>

3. Person managing the premises	<input type="checkbox"/>
4. Part(s) of the premises to be used/alterations to the layout or plan of the premises enclosed	<input type="checkbox"/>
5. Treatments to be given at the premises (as stated on the current licence)	<input type="checkbox"/>
6. Public Liability Insurance to the sum of at least £2 million enclosed	<input type="checkbox"/>

Signature	
The form must be signed by the licence holder. In the case of a partnership, all parties must sign. In the case of a limited company, the Managing Director or Company Secretary must sign. In all cases the application may be signed by a solicitor acting for the applicant.	
I/we declare that the particulars given in this application are true in every respect (please use an additional piece of paper if the licence is held by more than one person)	
Signature:	Print Name:
Date:	Position in organisation:

Please note that your application will not be processed until payment has been received.

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.

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.

Completed applications should be returned to the Licensing Section, Regulatory Services Partnership, Merton Civic Centre, London Road, Surrey SM4 5DX

Alternatively you can send a scanned PDF copy of your application to licensing@merton.gov.uk.

Details of the fee payable can be found in the covering letter or on the Council's website

The following **Payment Options** are available:

☎ Telephone: Debit and Credit Card payments can be made by ringing (020) 8545 3969/3025.

If you wish the Council to contact you to take payment please give clear telephone contact details on the top of this form or in a covering letter. We will then contact you once we have received your form.

Please note any statutory consultation periods will not commence until the application is complete, including receipt of payment. It is your responsibility to contact us if you have not been requested to make the payment after submitting an application in this way.

Do not send cash with applications. You are advised to check that your application has been received if you have not heard from us within 4 weeks of sending. No liability can be accepted by the Council for any loss/non receipt of applications.