

Official use only:	Date received
Payment received	Case Ref:



**APPLICATION FOR A NEW SPECIAL TREATMENT PREMISES LICENCE
LONDON LOCAL AUTHORITIES ACT 1991 Part II**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Please complete all questions on the form. If you have nothing to record, please state 'not applicable' or 'none'. Before completing the form you should read the application guidance notes and refer to them where indicated on this form.

If you are completing this form by hand, please write legibly in block capitals using black ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.

Please note: before the licence is granted you must show evidence that you have

- a current periodic inspection certificate for the fixed electrical installation;
- a portable appliance test (PAT) report for all portable/moveable electrical appliances, unless they are new and you have kept receipts;
- the correct public liability insurance (minimum cover £2 million for all treatments offered).

(see guidance note 4)

Part 1 - Details of premises

1. Trading name of premises

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

3. Email address

4. Telephone number

You must ensure that you have the correct planning permission for this use of the premises as failure to do so may result in your application being refused (see guidance note 3)

5. Is the premises currently under construction or being altered in any way? Yes No

(see guidance note 3)

If Yes, please give details:

6. Do you, the company, or organisation have any interest in any other special treatment establishments? Yes No

If yes, we may contact you for further details

Part 2 - Applicant details

7. Please state if you are applying for a licence as (see guidance note 5)

- An individual please complete section A
- A partnership please complete section A for all partners
- An unincorporated organisation please complete section A
- A company or other incorporated body please complete section B

8. What is your interest in the premises?

- Freeholder
- Lessee
- You rent the premises
- Other

If other please give details:

Section A - To be completed by individuals, partnerships and unincorporated organisations only. Please use additional sheets if necessary**List name and home address of applicant(s):**

Please do not give a business address in this section. Applications that do not state home addresses will not be accepted. These details will appear on the licence.

Title: Mr Mrs Miss Ms Other title:Surname First Name(s) Date of birth Place of birth Home address Telephone number Email address Title: Mr Mrs Miss Ms Other title:Surname First Name(s) Date of birth Place of birth Home address Telephone number Email address

Section B - To be completed only if you will be trading as a limited company or other incorporated body	
Name of company / incorporated body	
Address of registered office	
Description of applicant (e.g. company, limited liability partnership)	
Contact name of person dealing with application	
Telephone number	Email address

Section C - Management of premises. To be completed by <u>all</u> applicants	
If the establishment will be managed on your behalf, please give details of the manager. This applies whether you are an individual, an organisation, or a limited company. (see guidance note 5)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> 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	

Part 3 – Special Treatments to be offered at premises

High Risk Treatments (please tick)			
Body piercing		Laser	
Body / Facial / Genital		Intense Pulsed Light	
Beading		Laser	
Micro-dermal anchor		Lipolaser	
Skin piercing		Tattoo removal (laser)	
Acupuncture		Tattooing	
Dry needling		Micro-blading	
Electrolysis - wart/skin tag removal		Micropigmentation (semi-permanent make-up)	
Korean hand therapy		Tattooing	
Red Vein treatment		Tattoo removal (non-laser)	
Any other treatments similar to the above (please list)			

Medium Risk Treatments (please tick)			
Bath / Vapour		Massage Treatments	
Floataion tank		Acupressure	
Hydrotherapy		Aromatherapy	
Sauna		Ayurvedic medicine	
Spa		Body massage	
Steam room / bath		Bowen technique	
Oxygen bar		Champissage (Indian head massage)	
Electric Treatments		Facial with massage	
Electrolysis – hair removal		Foot massage	
Faradism (i.e. Arasys, Slendertone, Transion)		Gyratory massage – G5	
Galvanism (i.e. Endermologie)		Holistic massage	
High frequency		Manual lymphatic drainage	
Micro current therapy		Reflexology	
Micro-dermabrasion		Reiki (if with massage)	
Non-surgical facelifts		Rolfing	
Radio frequency		Shiatsu	
Scenar therapy		Sports massage	
Therma vein		Stone therapy	
Ultra sound		Thermos auricular therapy (hopi ear candles)	
Light Treatments		Thai massage	
Colour therapy		Trichology (if with massage)	
Infra-red		Tui Na	
Lumi lift / lumi facial		Only Required if not state registered	
Ultra Violet Tanning (Sunbed)		Chiropody	
Nail Treatments		Chiropractic	
Manicure		Osteopathy	
Pedicure		Physiotherapy	
Nail extensions			
Any other treatments similar to the above (please list)			

Low Risk Treatments (please tick)			
Ear piercing (using gun – lobe only)			

Part 4 – Important Notes

Please use this part of the form to check that your application is complete

If the answer to any of these questions is no, then your application is incomplete and should not be sent

Have you completed **all** relevant parts of the form? Yes No

Have you included the **correct fee**
(see guidance note 6 for cost of licence. Details on how to pay over page) Yes No

Has the form been signed (below)? Yes No

Have you included the plan of the premises
This can be hand drawn (see guidance note 16) Yes No

Part 5 - Signature

The form must be signed by the applicant. In the case of a partnership, all parties must sign. In the case of a limited company, the Managing Director, Company Secretary, or applicants agent (e.g. solicitor) can sign

Signature:	Print Name:
Date:	Position in organisation:

Signature:	Print Name:
Date:	Position in organisation:

See over page for details on how to pay

Please note any statutory consultation periods will not commence until payment has been made. 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 postage. No liability can be accepted by the Council for any loss of application in the post

Freedom of information

The Freedom of Information Act gives people the right to obtain information held by public authorities unless there are good reasons to keep it confidential. Please be aware that information supplied on this form may be released in response to a freedom of information request. To comply with financial regulations, details of license holders may also be disclosed to authorised Government agencies.


London Borough of Sutton applicants:


The completed application should be sent to:-

London Borough of Sutton, Licensing Team, 24 Denmark Road, Carshalton, SM5 2JG.

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

The following **Payment Options** are available:

 **Online:** Debit and Credit Card payments can be made using our online payment facility at https://www.sutton.gov.uk/info/200466/pay_for_it

 **Telephone:** Debit and Credit Card payments can be made by telephoning our contact centre on 020 8770 5000, selecting options 5 then 2

 **Post:** Cheques or postal orders should be made payable to 'Sutton Council'

Please note any statutory consultation periods will not commence until payment has been made and we have received your application form. It is your responsibility to contact us if you experience a problem in paying for your application.

Royal Borough of Kingston upon Thames applicants:

The completed application should be sent to:-

Royal Borough of Kingston upon Thames, Licensing Team, Guildhall 2, High Street, Kingston, KT1 1EU.

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

The following **Payment Options** are available:

 **Post:** Cheques or postal orders should be made payable to 'Kingston Council'

 **Telephone:** Debit and Credit Card payments can be made by ringing (020) 8547 5080

If you wish to pay in this way, give clear telephone contact details on the top of the application 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 payment has been made. It is your responsibility to contact us if you have not been requested to make the payment after submitting an application in this way.