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Trading name of premises

Date received

Payment received

Case Ref:



APPLICATION TO RENEW A 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 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, or the treatments you give, please complete a variation application form (available from the website or this office) and send it to us together with this renewal application form. You will not need to pay a separate variation fee. If you wish to add treatments in a higher risk group you will need to complete a new licence application form and pay the required application fee.

If you have changed your name and/or address, please provide details of the changes below.

If you have changed the manager of the premises, please provide details of the change below.

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

Address of premises	(if only using part of a premises, e.g. the ground floor, please give de	tails)
Email address		
Linaii addi ess		
Talambana mumban		
Telephone number		
Licence holder details	c.	
Name of licence hold		
Drivato address of lic	cence holder, or registered office address if a limited company	
i iivate address of iic	ence notice, or registered office address if a infinted company	
Email address		
Telephone number		
Telephone number		
Telephone number Name of manager		

Manager of premises (if changed):		
Title: Mr	Other title:	
Surname	First Name(s)	
Date of birth	Place of birth	
Hama address		
Home address		
Telephone number	Email address	
Please give details of the manager's experience an	d any membership of professional bodi	es
Declarations:		
I am not seeking any variation to the existing lic changes to the following: (please tick the boxes)	ence, except as shown and declare the	here are <u>NO</u>
I am not seeking any variation to the existing lice	ence, except as shown and declare th	here are <u>NO</u>
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I am not seeking any variation to the existing lice changes to the following: (please tick the boxes) 1. Current licence holder(s) 2. Address of licence holder		here are <u>NO</u>
I am not seeking any variation to the existing lice changes to the following: (please tick the boxes) 1. Current licence holder(s) 2. Address of licence holder 3. Person managing the premises 4. Part(s) of the premises to be used or alterations to the		here are <u>NO</u>
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See over page for details on how to pay and the amount payable.

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, Civic Offices, St Nicholas Way, Sutton SM1 1EA.

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

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

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.

The fee charged is based on the risk of treatments being offered.

HIGH RISK TREATMENTS

Treatments: For example:

- Body piercing: for example body/facial/genital, beading, micro-dermal anchor
- Skin piercing: for example Acupuncture, dry needling, Korean hand therapy
- Laser: for example Intense pulsed light, laser, lipolaser
- Tattooing: for example
 Tattooing, micro-blading, micropigmentation

MEDIUM RISK TREATMENTS

Treatments: For example:

- Bath/Vapour: for example
 Floatation tank, hydrotherapy, sauna, spa, steam
- Electric treatments: for example
 Electrolysis, faradism, galvanis, high frequency
- Beauty Treatments:
 Not detailed above

- Light treatments: for example Colour therapy, infra-red, U.V. Sunbeds
- Nail treatments: for example Manicure, pedicure, nail extensions
- Massage treatments: for example Aromatherapy, body massage, reflexology

LOW RISK TREATMENTS

Treatments:

• Ear piercing with a gun – lobe only

Each fee (apart from low risk) is split into two parts, a fee is payable:

- On making the application, to cover the cost of the licensing procedure; and
- On the application being successful, a further fee to cover the costs of the running and enforcement of the licensing regime.

Both fees will have to be paid before a premises can offer licensable treatments, and can be paid together at time of renewal.