

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in **block capitals**.

In all cases ensure that your answers are inside the boxes and written or typed in **black ink**. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

London Local Authorities Act 1991 (Part 2) as Amended

For the Premises detailed below, I am applying for (**please tick**):

Grant of New Licence	
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Licences are valid for a maximum of 12 months

Date you would like the Special Treatments to start from: (New applications only):	
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Premises where the Special Treatment(s) will be carried out:

Business Trading Name (name of premises):	
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Business address:	
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Telephone number of premises:	
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Email Address:	
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Mobile number:	
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(Please **tick** either one of the following)

Is the premises residential	
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Is the premises commercial	
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What is the legal title of the applicant(s) to occupy the premises?

Freehold

☐

Leasehold

☐

If the premises is **leasehold** please give **details** of the **name** and **address** of the Landlord.

Name:			
Address:			
2. Details of Applicant / Business Owner:			
Mr/ Mrs/ Miss/ Ms/ Other:		Surname:	
First Name(s):			
Full Private Address & Postcode:			
Telephone Number:			
Email Address:			
Date of Birth:			
Place of Birth:			
3. Area of premises to be licensed (e.g. Whole / ground floor / room or area within existing premises)			

4. Limited Companies Only to complete:	
Trading Name:	
Registered Office Address:	
Company Registration Number:	
Telephone Number:	
Email Address:	
Given Names of Directors / Secretary:	
5. Managing the Premises: (please provide the details of who will be managing the premises)	
Name:	
Address:	
A. Has the owner of the premises or the applicant ever been refused the grant, renewal of a special treatment licence? If so, by which council and what date?	
B. Has the applicant(s) and/or the manager ever been issued with a special treatment licence before and by which local authority? If the answer is YES please state details:	
6. Criminal Convictions	
Has any of the applicant(s), manager(s) or therapist(s) been convicted of a criminal offence?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

If 'YES' please give details:

7. Details of Special Treatments to be carried out and Practitioners: (please tick)

Acupuncture		Manicure	
Cosmetic piercing		Pedicure	
Facials		Laser (IPL)/ Light (i.e. lipo laser, infra-red treatment)	
Electrical treatments (i.e. micro frequency, electrical current facials)		Sunbed	
Massage		Tattooing	
Semi Permanent treatments (i.e. microblading)		Other Special treatments like steam, sauna, vapour, or other baths.	
Electrolysis (hair removal)		Water Baths (i.e. Hydrotherapy, Fish Therapy)	

Please list all the special treatments that each therapist will be carrying out:

Name of person carrying out the special treatment. (please provide proof of identity i.e. passport, driving licence). Original documents may be requested.	Address of Person (please provide proof of address i.e. utility /council tax bill). Original documents may be requested.	DOB	Special Treatment	Qualification (Original qualifications and colour photocopies to be provided).

8. Signatures (If signing on behalf of the applicant, please state in what capacity):

Signature:	
Capacity:	
Date:	
Print Name:	

Payment can be made by cheque or Postal Order made payable to **LONDON BOROUGH OF NEWHAM**, or by credit/debit card on: 020 3373 1925

Completed application form AND all supporting documents to be sent to the address below. (Please note applications WILL NOT BE PROCESSED and returned to you if submitted with any missing paperwork):

Licensing Team
London Borough of Newham
Grassroots Community Resource Centre
Memorial Avenue
London
E15 3DB

For all Licensing enquiries please email:

Email: Licensing@newham.gov.uk

10. Documentation

Please enclose the following documentation with your application, **the application will not be accepted without them and returned to you.** (please tick)

Public Liability insurance (copy) Self employed staff must also prove they have public liability insurance	<input type="checkbox"/>
Fixed electrical installation certificate as required under Electricity at Work Regulations 1989 (copy)	<input type="checkbox"/>
Maintenance records of portable electrical equipment (copy)	<input type="checkbox"/>
One passport sized photographs of each applicant / operators	<input type="checkbox"/>
Originals and photocopies of each operator's current qualifications. (These will be returned to you).	<input type="checkbox"/>
A copy of the customer health questionnaire/history card. Including aftercare advice	<input type="checkbox"/>
Copies of the current treatment list and price list	<input type="checkbox"/>
Fire Risk Assessment (copy)	<input type="checkbox"/>
Scale plan of premises	<input type="checkbox"/>
Photo ID (colour copy of Passport OR Driving licence)	<input type="checkbox"/>
Completed consent form	<input type="checkbox"/>

Please Note

1. The licence fee is non refundable. In the event that you decide to withdraw your application the licence fee will be retained to cover administration costs
2. The information provided on this form may be used for the prevention and detection of fraud. Certain information may also be passed to the UK Border Agency or the Inland Revenue.

Special Treatment Licence Consent Form

Consent of individual to have Qualifications confirmed with Issuing Authority in accordance with General Data Protection Regulation (GDPR)

I

.....
[Full name of therapist]

Of: *(Home address of therapist)*

.....
Hereby confirm that I give my consent to have my qualifications checked by the issuing authority in accordance with the **General Data Protection Regulation (GDPR)**.

Relating to a premises licence

.....
[Name of Premises, if any]

For:

[Address of premises to which the application relates]

Signed

Name (please print)

Date