Newham London

### Variation to current Licence

(Adding a Therapist / Renewal of Therapist(s), Changes to Treatments or Managers)

Name and Address of the Business Premises:		
	Post Code:	

#### Please provide details of who will be <u>managing</u> the premises

Name:	
Address:	
Date of Birth:	
Telephone Number:	
Email Address	
Signature:	
Date	

a) Has the owner of the premises or the applicant ever been refused the grant, renewal or transfer of a Special Treatment licence. If so by which council and what date?				
Date:				
b) Has the applicant(s) and/or the manager ever been issued with a Special Treatment Licence before and by which local authority?				

Newham London

### Variation to current Licence

(Adding a Therapist / Renewal of Therapist(s), Changes to Treatments or Managers)

Treatments or Managers)							
Date:							
Criminal Convictions							
Has any of the applicant(s), manager(s) or therapist(s) been convicted of a criminal offence?							
If "Yes" please give detail	S:						
Details of Special Treatments and Therapists: (massage, manicure, pedicure, micro blading, acupuncture, tattooing, cosmetic piercing, chiropody, light, electric, or other special treatments of a like kind or vapour, sauna or other baths.)							
Please list all the special not included on the currer	•		· · · ·	ons			
Name of person	The second se						
carrying out the treatment	Address of person	DOB	Special Treatment to be carried out	Qualification (originals and			
(Photographic proof of ID i.e. passport, driving licence)	(please provide proof of address i.e. utility or council tax bill)			copies to be supplied)			

ewham London

### Variation to current Licence

(Adding a Therapist / Renewal of Therapist(s), Changes to Treatments or Managers)

	e el managere,	1			
Please list any Therapists that need to be removed from the current					
Licence					

## Please enclose the following documentation for all new therapists to be added with your application. Applications WILL NOT BE PROCESSED and returned to you if not complete:

- One passport-sized photograph of each therapist.
- Colour photocopies of all qualifications
- Proof of address (utility bill etc.)
- Colour copy of passport or driving licence
- Completed Consent form
- Public Liability Insurance (if applicable)

## Payments can be made by cheque payable to LONDON BOROUGH OF NEWHAM, or by <u>debit/credit card</u> on: 020 3373 1925

# Newham London

### Variation to current Licence

(Adding a Therapist / Renewal of Therapist(s), Changes to Treatments or Managers)

### Completed forms and supporting documents should be returned to:

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

Licensing@newham.gov.uk