

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 BOROUGH OF NEWHAM

APPLICATION FOR RENEWAL OF SPECIAL TREATMENT LICENCE

I / We _____
Hereby apply to the council of the London Borough Of Newham in pursuance of the provisions of the London Local Authorities Act 1991 to 2000, for the licensing of the following premises as an establishment for special treatment.

1. Premises Details	
Name of Business:	
Business Address:	
Company No.	
Telephone Number:	
Email Address:	

I hereby declare that the particulars given overleaf are true to the best of my knowledge.

Name of Applicant:	
Signature of Applicant:	
Date:	

☐

I declare there are **NO** changes to (please tick):

- The type and number of treatments being provided;
- The therapist/s providing the treatments;
- The layout of the premises or;
- Any other changes which may affect my application.

If NO changes fee payable is:

Application for a **RENEWAL** of Special Treatment Licence
London Borough of Newham



OR

☐

I declare the following changes:

Therapists to be removed from Licence:

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Therapist/s providing the treatments to be added– (please also provide 1x passport size photos, and their public liability insurance).

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 (attach originals and photocopies)

- Any other treatments to be included or removed –

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- Changes to layout of premises – *Please submit a revised floor plan*

- Other – (*Please state*)

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✓ I have enclosed:	
A copy of my public liability insurance certificate	
A copy of my maintenance records for my portable appliances (if applicable)	
A copy of my electrical installation certificate (if applicable)	
A copy of my renewed membership from relevant association which provides exemption (if applicable)	
1 x passport size photo for each new therapist to be added (if applicable)	
Copy Photo ID of each new therapist (either passport or driving licence) if applicable	
Copy Proof of address of each new therapist to be added (if applicable)	
Qualifications - original and photocopies of each new therapist to be added (if applicable)	
Completed consent form for each new therapist to be added (if applicable)	

Payments can be made by cheque payable to **LONDON BOROUGH OF NEWHAM**, or by credit/debit card on **020 3373 1925**. Please also note we do not accept payments by cash.

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 missing paperwork):

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

Licensing@newham.gov.uk