

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**):

<b>Grant</b> of New Licence	
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**Licences are valid for a maximum of 12 months. There is a 28-day consultation process for the processing of this application.**

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

<b>Business Trading Name:</b>	
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<b>Business address:</b>	
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<b>Telephone number of business:</b>	
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<b>Email Address:</b>	
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<b>Mobile number:</b>	
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(Please **tick** either one of the following)

<b>Is the premises residential</b>	
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<b>Is the premises commercial</b>	
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**Freehold**

☐

**Leasehold**

☐

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

<b>Name:</b>			
<b>Address:</b>			
<b>2. Details of Applicant / Business Owner:</b>			
<b>Mr/ Mrs/ Miss/ Ms/ Other:</b>		<b>Surname:</b>	
<b>First Name(s):</b>			
<b>Full Private Address &amp; Postcode:</b>			
<b>Telephone Number:</b>			
<b>Email Address:</b>			
<b>3. Area of premises to be licensed (e.g. Whole / ground floor / room or area within existing premises)</b>			
<b>4. Limited Companies Only to complete:</b>			
<b>Trading Name:</b>			
<b>Registered Office Address:</b>			
<b>Company Registration Number:</b>			

**Given Names of Directors / Secretary:**

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**5. Managing the Premises:**  
(please provide the details of who will be managing the premises)

<b>Name:</b>	
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<b>Address:</b>	
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<b>A.</b> Has the owner of the premises or the applicant ever been refused the granting or renewal of a special treatment licence? <b>If so, by which council and what date?</b>	
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<b>B.</b> Has the applicant(s) and/or the manager ever been issued with a special treatment licence before and by which local authority? <b>If the answer is YES please state details:</b>	
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**6. Criminal Convictions**

Has any of the applicant(s), manager(s) or therapist(s) been convicted of a criminal offence?

**YES**

☐

**NO**

☐

**If 'YES' please give details:**

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

<b>Acupuncture</b> (including Cupping, Dry Needling)	<input type="checkbox"/>	<b>Manicure / Pedicures</b>	<input type="checkbox"/>
<b>Cosmetic piercing</b> (including Body piercing, Beading)	<input type="checkbox"/>	<b>Laser/Intense Pulse Light (IPL) treatments</b> (i.e. Lipo Laser, Infa-red treatment, Ultra Sonic, Thermavein, Colour Therapy)	<input type="checkbox"/>

<b>Facial Steamers</b> (vapour)		<b>Sunbed</b>	
<b>Electrical treatments</b> (i.e. micro & radio frequency facials, electrical current facials, micro current therapy, galvanism, electrolysis hair removal, Plasma, Lumi Lift Facials)		<b>Tattooing</b> , Semi-permanent makeup, Microbrading, Micropigmentation	
<b>Massage</b> (including Tui-Na, Thai Massage, Therapeutic/Holistic massage, Stone Therapy, Reflexology, Physiotherapy, Osteopathy, Aromatherapy, Acupressure)		<b>Water Baths</b> (i.e. Hydrotherapy, Fish Therapy, Floatation Tank)	

### THERAPISTS DETAILS

Therapist Name	Address of Therapist.	DOB	Special Treatments to be carried out	Details of Qualifications

## 8. APPLICANTS Signatures

<b>Signature:</b>	
<b>Capacity/position:</b>	
<b>Date:</b>	
<b>Print Name:</b>	

## 10. Documentation REQUIRED

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 provide a copy of their public liability insurance	<input type="checkbox"/>
Fixed electrical installation certificate as required under Electricity at Work Regulations 1989 (copy) (EICR)	<input type="checkbox"/>
PAT (portable appliance testing) (copy)	<input type="checkbox"/>
One passport sized photograph or digital photo of each Therapist	<input type="checkbox"/>
Proof of address for each Therapist (i.e. utility bill, council tax, bank statement etc.)	<input type="checkbox"/>
Colour photocopies of each Therapists current qualifications.	<input type="checkbox"/>
Photo ID (colour copy of Passport <b>OR</b> Driving licence)	<input type="checkbox"/>
Completed consent form for each Therapist to be registered (see form below)	<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 floor plan of premises (this can be hand drawn) showing exits, waste, cleansing, fire extinguishers	<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.

**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 rejected if submitted with any missing paperwork):**

Licensing Team  
London Borough of Newham  
East Ham Town Hall  
Barking Road  
East Ham  
E6 2RP

Email: [Licensing@newham.gov.uk](mailto:Licensing@newham.gov.uk)

Tel: 020 3373 1925

**Once your application is approved, we will contact you for payment.**

## 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**