



**APPLICATION TO VARY A MASSAGE AND SPECIAL TREATMENT ESTABLISHMENT LICENCE  
LONDON LOCAL AUTHORITIES ACT 1991 Part II**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

You must apply to the licensing authority if you wish to make any changes to your Massage and Special Treatment Licence, for example changes to the layout of the premises, addition or exclusion of treatments, to request to remove or amend a condition. The application must be accompanied by the relevant fee.

Please complete all questions on the fom. If you have nothing to record, please state 'not applicable' or 'none'. Before completing the form you may wish to refer to the application guidance notes at the end of this application form.

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.

**Part 1 - Details of premises**

**1. Trading name of premises**

**2. Address of premises, including postcode** (if only using part of a premises, e.g. the ground floor, please give details)

**3. Email address**

**4. Telephone number**

**Part 2 – Details of the person making the application. If the application is being made by a solicitor, please state the name of the person on whose behalf the application is being made. (see guidance note 1)**

**5. Name of individual or incorporated body**

**6. Contact telephone number**

**Part 2 – Details of variation**

**A. Alteration to layout of premises**

Please provide details of the proposed variation

Please note that you will need to provide a new plan of the premises (see guidance note 2)

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**B. Treatments to be added to current licence**

Please state ALL treatments that you wish to be **added** to the licence. For more information on licensable treatments please refer to the A-Z of treatments on the Council's website  
Please note that the number of treatments you list does not affect the licence fee, but the type may – see fees guide

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**C. Treatments to be removed from the current licence**

Please state ALL treatments that you wish to be **removed** from your current licence.  
Please note this will not affect the fee you have already paid but it may reduce the amount of the renewal fee – see fees guide

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**D. Removal or amendment to condition(s)**

Please state details of the conditions attached to your licence you wish to amend or remove, giving reasons for your request.  
Please note that it may not be possible to remove a condition. Any amendments must be approved by the inspecting officer.

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**Part 3 – Planning (see guidance note 3)**

Please confirm that you have ensured that you have the correct planning permission to carry out the variation sought

**Yes/No**

**Part 4 – Important Notes**

Please use this part of the form to check that your application is complete

<b>If the answer to any of these questions is no, then your application is incomplete and should not be sent</b>	
Have you completed all relevant parts of the form?	<b>Yes/No</b>
Have you included the correct fee?	<b>Yes/No</b>
Has the form been signed and dated?	<b>Yes/No</b>
Have you included the plan of the premises (where applicable)?	<b>Yes/No</b>
If you intend to provide laser/IPL treatment have you included a copy of the local rules and treatment protocol? (See guidance note 4)	<b>Yes/No</b>

<b>Part 5 – Declaration</b>	
The form must be signed by the licence holder. In the case of a partnership, all parties must sign. In the case of a limited company, the Managing Director or Company Secretary must sign. In all cases the application may be signed by a solicitor acting for the applicant.	
<b>I/we declare that the particulars given in this application are true in every respect</b>	
<b>Signature:</b>	<b>Print name:</b>
<b>Date:</b>	<b>Position in organisation</b>

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<b>Date:</b>	<b>Position in organisation</b>

**Please note that your application will not be processed until payment has been received.**

### Personal Information Policy

The Council will use your details, the information about your dealings with the Council and the information about you available to the Council (“your information”) to:

- ◆ Deal with your requests and administer its departmental functions in the processing of your application.
- ◆ Meet its statutory obligations.
- ◆ Prevent and detect fraud.
- ◆ Conduct surveys and research.

The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other departments within the Council (including the elected members), Central Government Departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.

**Completed applications should be returned to the Licensing Section, Regulatory Services Partnership, Merton Civic Centre, London Road, Surrey SM4 5DX**

Alternatively you can send a scanned PDF copy of your application to [licensing@merton.gov.uk](mailto:licensing@merton.gov.uk).

The following **Payment Options** are available:

**Telephone:** Debit and Credit Card payments can be made by ringing (020) 8545 3969/3025.

If you wish the Council to contact you to take payment please give clear telephone contact details on the top of this form or in a covering letter. We will then contact you once we have received your form.

Please note any statutory consultation periods will not commence until the application is complete, including receipt of payment. It is your responsibility to contact us if you have not been requested to make the payment after submitting an application in this way.

**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 sending. No liability can be accepted by the Council for any loss/non receipt of applications.**

## **GUIDANCE ON COMPLETING THE VARIATION APPLICATION FOR A SPECIAL TREATMENT LICENCE**

### **1. Who can apply for the variation of a Licence?**

You can only apply to vary a licence if you are the current holder of the Special Treatment Licence for the premises. If you have recently taken over the premises, then you must first apply to transfer the licence into your name using the transfer application form.

### **2. Plans**

Where a variation to the layout of the premises is sought you must submit a revised plan of the premises. The information contained in the plan must be clear and legible in all material respects and must show the extent of the boundary of the building, including any external and internal walls; all entry and exit points; the location of the areas where special treatments are to be provided; the location of all toilets; the location of all washing facilities. The Council recommends that all plans be drawn to a scale of 1:50 on a single sheet of A4 or A3 paper. Circumstances where an alternative scale may be acceptable could include where the size of the premises makes it impracticable for the premises to be adequately shown on a single sheet of A4 or A3 paper. **An application will not be accepted if a plan is not included.**

### **3. Do you have planning permission to use the premises as an establishment for special treatment?**

You may require planning consent to vary your licence. You are **strongly recommended** to check the planning status of the premises **BEFORE** you apply to vary your licence. If you do not have the correct planning permission for the variation you are seeking, and an objection is received from the borough planner, your application is likely to be refused. In these circumstances the fee paid for the processing of the licence application will not be refunded.

### **4. Additional documentation if you intend to vary the licence to provide Laser/IPL treatments**

If you intend to provide laser/IPL treatment you will need to provide a copy of the local rules and treatment protocol. For more information please refer to the standard conditions.