



**LONDON LOCAL AUTHORITIES ACT 1991 Part II
APPLICATION FOR THE TRANSFER OF A SPECIALTREATMENT
ESTABLISHMENT LICENCE**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

You must apply to the licensing authority you wish to transfer an existing licence. Before completing this form you should read the standard conditions for Special Treatment Establishments which can be found on the Council's website. Please complete all questions on the form. If you have nothing to record, please state 'not applicable' or 'none'.

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.

The application must be accompanied by the relevant fee.

Please note: if you wish to vary the licence e.g. to add or remove treatments, to alter the layout of the premises or to amend conditions you must complete a variation application form

Part 1 – Details of current licensed premises

1. Current trading name of premises

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

3. Premises Email address

4. Premises telephone number

5. Contact telephone number/email for this application

6. Name of existing licence holder

7. Do you intend to change the trading name of the establishment? If so, please provide the new name.

<p>8. Do you, the company or organisation have any interest in any other special treatment establishments? If yes we may contact you for further details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Part 2 – Applicant details	
<p>9. Please state if you are applying for a licence as (see guidance note 1)</p> <p>An individual <input type="checkbox"/> Please complete section A</p> <p>A partnership <input type="checkbox"/> Please complete section A for all partners</p> <p>An unincorporated organisation <input type="checkbox"/> Please complete Section A</p> <p>company or other incorporated body <input type="checkbox"/> Please complete section B</p> <p>Will the establishment be managed on your behalf <input type="checkbox"/> Please complete Section C</p>	

<p>10. What is your interest in the premises?</p> <p>Freeholder <input type="checkbox"/></p> <p>Lessee <input type="checkbox"/></p> <p>You rent the premises <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other please give details:</p>	
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<p>Section A – To be completed by individuals, partnerships and unincorporated organisations only. Please use additional sheets if necessary</p> <p>List name and home address of applicant(s): Please do not give a business address in this section. Applications that do not state home addresses will not be accepted. Your home address will appear on the licence</p>	
<p>Title: Mr Mrs Miss Ms Other title</p>	
<p>Surname</p>	<p>First name(s)</p>
<p>Date of birth</p>	<p>Place of birth</p>
<p>Home Address</p>	
<p>Telephone number</p>	<p>Email address</p>

Do you have any unspent convictions (more information can be found at <https://dbsdirect.co.uk/resources/Unspent%20Convictions.pdf>) or ever been refused or revoked a licence to carry on any establishment for massage or special treatment?
Yes/No

If Yes please give details:

Title: Mr		Mrs	Miss	Ms	Other title
Surname			First name(s)		
Date of birth			Place of birth		
Home Address					
Telephone number			Email address		

Do you have any unspent convictions (more information can be found at <https://dbsdirect.co.uk/resources/Unspent%20Convictions.pdf>) or ever been refused or revoked a licence to carry on any establishment for massage or special treatment?
Yes/No

If Yes please give details:

Section B – To be completed only if you will be trading as a limited company or other incorporated body
Name of company/incorporated body
Registered number:
Address of registered office
Description of applicant (e.g. company, limited liability partnership)
Contact name of person dealing with the application

Telephone number	Email address
Have you been convicted in any legal proceedings or been refused or revoked a licence to carry on any establishment for massage or special treatment? Yes/No	
If Yes please give details:	

Section C – Management of premises				
To be completed by all applicants if the establishment will be managed on your behalf. Please give details of the manager				
Title: Mr	Mrs	Miss	Ms	Other title
Surname		First name(s)		
Date of birth		Place of birth		
Home Address				
Telephone number		Email address		
Please give details of the manager's experience and any membership of professional bodies				

Part 4 – Standard conditions	
Please confirm that you have read and understood the standard conditions	Yes/No

Part 5 – Important Notes	
Please use this part of the form to check that your application is complete	
If the answer to any of these questions is no, then your application is incomplete and should not be sent	
Have you completed all relevant parts of the form?	Yes/No
Have you included the correct fee?	Yes/No
Has the form been signed and dated?	Yes/No
Have you included the plan of the premises? (see guidance note 3)	Yes/No

Have you included a letter from the current licence holder agreeing to the transfer of their licence or, if this is not possible, evidence of your right to occupy the premises?	Yes/No
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Part 6 – Declaration	
The form must be signed by the applicant(s). 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	
I/we declare that the particulars given in this application are true to the best of my/our knowledge and understanding	
Signature:	Print name:
Date:	Position in organisation

Signature:	Print name:
Date:	Position in organisation

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

Personal Information Policy
<p>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:</p> <ul style="list-style-type: none"> ◆ 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. <p>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.</p>

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.

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 the transfer of a Special Treatment Licence

1. Who should apply for the transfer of a licence?

Essentially, the issue of a licence controls the type of premises where Special Treatments are carried out, the standards of hygiene and cleanliness within the premises, and the fitness of the person holding the licence. These standards are laid down in conditions that are attached to the licence. The person to whom the licence is issued is responsible for ensuring that the premises and persons giving treatments continue to meet the standards and comply with any requirement of conditions. In the case of **any** breach of conditions, it is the **licence holder** who would be liable for prosecution.

The licence holder must be in charge of the establishment and have control over the treatments given and the persons giving them. Therefore, the applicant for the transfer of a licence must be the person, company or organisation who is in lawful control of the establishment where the treatments are to be given. This must be by way of holding the freehold, a lease or agreement to lease, a tenancy, or written agreement giving a right of occupancy.

2. Licence conditions

All Special Treatment Establishment Licences are subject to the Council's adopted standard conditions and, in some cases, to additional conditions specific to that premises. Before seeking to transfer a licence you should read and understand these conditions. When seeking to take control of an existing business you must ensure that you have the following in place:

(a) Insurance

You will need to ensure that you hold of public indemnity insurance. This must cover all treatments given by all therapists. Please note that some general public indemnity insurance does not actually cover all treatments that you might give, e.g. treatments such as red vein removal often requires an extra premium due to the higher risk. Unless your policy specifies these types of treatments you might not be covered for them. If it is not, a licence will not be issued until this is resolved. **Your insurance documents do not need to be supplied with the application but must be available for inspection by an officer of the Council on request**

(b) Electrical Safety Certificates

You must ensure that you have a current electrical safety certificate for the installation at the premises (fuse-box, wiring, lighting etc.). This is often called a Periodic Inspection Report for an Electrical Installation. A new certificate must be obtained at 5 yearly intervals **and be available on site for inspection.**

Only certificates provided by properly registered engineers will be accepted. Examples of acceptable registering bodies for electricians include: IEE (Institute of Electrical Engineers), NICEIC (National Inspection Council for Electrical Installation Contracting), ELECSA and NAPIT (National Association of Professional Inspectors or Testers).

You will also need an electrical safety certificate for all portable/moveable appliances (wax pots, electrolysis/faradic machines, kettles etc.), unless they are new. These are called Portable Appliance Tests (PAT). You have a duty to ensure that your electrical appliances are maintained in a safe condition and this includes a requirement to have periodic Portable Appliance Tests. For more information please refer to HSE guidance HSG107 which can be found at hse.gov.uk. The system for ensuring that your portable electrical appliances are safe should be documented and held on site for inspection, together with ant PAT test reports.

(c) Gas Safety Certificate

If you have a gas supply to your premises you must ensure that you have a current gas safety certificate. You do not need to submit the certificate with the application **but must have it available on site for inspection** The certificate must be provided by a Gas Safe engineer competent to carry out the work in a business premises. For more information go to the Health and safety Executive website at hse.gov.uk

3. Plan of the premises

You must submit a plan of the premises with this application. 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.**

4. Management of the Establishment

Persons who manage a Special Treatment Establishment, whether on behalf of an individual, an organisation or a limited company would be expected to have experience of the type of treatments that will be given. They must have sufficient qualifications/training to take responsibility for activities within the licensed premises. Licences held by limited companies must have an appointed manager at the premises.