



**LONDON LOCAL AUTHORITIES ACT 1991 Part II
APPLICATION FOR THE GRANT OF A NEW SPECIAL TREATMENT ESTABLISHMENT
LICENCE**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Please complete all questions on the form. If you have nothing to record, please state 'not applicable' or 'none'. Before completing the form, you should read the application guidance notes and refer to them where indicated on this form.

If you are completing this form by hands, 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.

You must submit a plan of your premises with this application and if you intend to provide laser/IPL treatment you should included a copy of the local rules and treatment protocol where available.

Please note: before the licence is granted you must show evidence that you have

- A current electrical safety certificate
- An electrical safety certificate for all portable/moveable appliances, unless they are new
- The correct public indemnity insurance
- A current gas safety certificate for the installation and appliances used at the premises (if applicable)

(See guidance note 3)

Part 1 – Details of premises

1. 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. Borough: Merton/Richmond/Wandsworth (Please delete as appropriate)

7. I confirm that I have the correct planning permission for this use of the premises

(See guidance note 4)

Yes

No

Application in progress

8. Is the premises currently under construction or being altered in any way

(See guidance note 5)

Yes No

If Yes, please give details:

9. Do you, the company or organisation have any interest in any other special treatment establishments?

If yes we may contact you for further details

Yes No

Part 2 – Applicant details

10. Please state if you are applying for a licence as (see guidance note 6)

An individual

Please complete section A

A partnership

Please complete section A for all partners

An unincorporated organisation

Please complete Section A

company or other incorporated body

Please complete section B

Will the establishment be managed on your behalf

Please complete Section C

11. What is your interest in the premises?

Freeholder

Lessee

You rent the premises

Other

If other please give details:

Section A – To be completed by individuals, partnerships and unincorporated organisations only. Please use additional sheets if necessary

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

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:

Title: Mr		Mrs		Miss		Ms		Other title	
Surname					First name(s)				
Date of birth					Place of birth				
Home Address									
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 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 (See guidance note 7)

Title: Mr Mrs Miss Ms Other title

Surname	First name(s)
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Date of birth	Place of birth
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Home Address

Telephone number	Email address
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Please give details of the manager’s experience and any membership of professional bodies
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Part 3 – Treatments to be given. To be completed by all applicants

Please state all treatments that you will be giving under the headings provided. You will only be licensed for the treatments you state in this section (See guidance notes 2 and 8). The number of treatments you list does not effect the licence fee, but the group does (see guidance note 9)

High Risk Treatments (please tick)

Body piercing (Group 1)		Laser (Group 1)	
Piercing of body/face/genital. Ear and nose (excluding lobes)		Intense pulsed light	
Micro-dermal anchor		Laser	
		Tattoo removal (laser)	

Tattooing (Group 1)

Micro blading		
Micropigmentation (semi-permanent makeup)		
Tattooing		

Any other treatments similar to the above (please state)

Medium Risk Treatments (please tick)

Skin piercing (Group 2)		Electrical and light treatments (Group 4) contd.	
Acupuncture		Ultra violet tanning (Sunbed)	
Dry needling		Electrolysis – hair removal	
Electrolysis – wart/skin tag removal		Faradism (e.g. Arasys, Slendertone)	
Red vein Treatment		Galvanism	
Massage Treatments (Group 3)		High Frequency	
Acupressure		Micro current therapy	
Aromatherapy (if with massage)		Lipolaser	
Ayurvedic Medicine		Radio frequency	
Body massage		Therma vein	
Bowen technique		Ultrasound	

Indian head massage		Nail treatments (acrylic) (Group 5)
Facial with massage		Nail Extensions
Foot massage		Nail treatments (other) (Group 6)
Manual lymphatic drainage		Manicure
Reflexology		Pedicure
Reiki (if with massage)		Bath/Vapour (Group 7)
Shiatsu		Sauna
Sports massage		Spa pool
Stone therapy		Steam room/bath
Thai massage		Hydrotherapy
Trichology (if with massage)		Floatation tank
Other massage (please give details below)		
Electrical and light treatments (Group 4)		
Infra red		
Lumi lift/lumi facial		
Any other treatments similar to the above (please state)		

Low Risk Treatments (please tick) (Group 8)		
Ear lobe piercing		
Nostril piercing		

Part 4 – Standard conditions	
Please confirm that you have read and understood the standard conditions	Yes/No
Please confirm that you can comply with the standard conditions relating to the treatments requested	Yes/No
If No please identify those conditions that you would seek to remove or vary	

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? (see guidance note 9)	Yes/No
Has the form been signed and dated?	Yes/No
Have you included the plan of the premises? (see guidance note 5(b))	Yes/No
If you intend to provide laser/IPL treatment have you included a copy of the local rules and treatment protocol? (See standard conditions)	Yes/No

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

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Signature:	Print name:
Date:	Position in organisation

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.

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.