

## Application for the GRANT of a special treatment establishment licence

London Local Authorities Act 1991 (as amended)

### Please read the following instructions first

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 in black ink. Use additional sheets if necessary.

You must answer all questions on this application form. A failure to provide answers all relevant questions will result in your application being deemed incomplete and returned to you. No licence will be granted until the London Borough of Camden is satisfied that the information provided on this application is accurate.

You may wish to keep a copy of the completed form for your records.

Please send your completed application form to:

Customer Support Team  
Planning and Public Protection Division  
London Borough of Camden  
5<sup>th</sup> Floor Town Hall Extension  
Argyle Street  
London  
WC1H 8EQ

If you have any queries or require assistance completing this application, please telephone the Customer Support Team on 020 7974 5613, or e-mail [ppp@camden.gov.uk](mailto:ppp@camden.gov.uk)

All cheques should be made payable to the London Borough of Camden.

**Please note:** Evidence of any statements made in this application with regard to the premises concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, enforcement action may be taken.

For office use
Date received:
Receipt number:
Reference number:

Please turn over to begin application

### Part one: details of the premises to be licensed

Premises name			
Postal address of premises to be licensed			
Post Town		Postcode	
E-mail address		Telephone number	

### Part two: are you applying as an individual or a company/partnership?

1.	Individual	Name:	
		Address:	
		Post code:	
		Telephone:	
		Email:	
2.	Company/Partnership	Name:	
		Address:	
		Post code:	
		Telephone:	
		Email:	
		Company number: (as listed with Companies House)	
		Company Secretary:	
Company Directors:			

**Part three: what is your (the license holder) interest in the property (please tick)**

1.	Freeholder	<input type="checkbox"/>
2.	Leaseholder	<input type="checkbox"/>
3.	Tenant	<input type="checkbox"/>
4.	Other (please state)	<input type="checkbox"/>

**Part four: details of previous/other applications**

1.	<p>Does the proposed license holder hold a special treatment premises licence anywhere else in the London Borough of Camden or elsewhere in the UK?</p> <p><b>Yes</b> <input type="checkbox"/>      <b>No</b> <input type="checkbox"/></p>
2.	<p>If 'yes', please provide details</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
3.	<p>Has the proposed license holder ever been refused a special treatment premises license anywhere else in the London Borough of Camden or elsewhere in the UK?</p> <p><b>Yes</b> <input type="checkbox"/>      <b>No</b> <input type="checkbox"/></p>
4.	<p>If 'yes', please provide details</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

### Part five: convictions

Has the proposed license holder (whether an individual or any person associated with the limited company applying for this license), within the period of five years immediately preceding this application, been convicted of an offence under London Local Authorities Act 1991?

Yes       No

If 'yes' please provide details:

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Part six: on the following page is a list of all special treatments that currently require licensing. The list contains actual descriptions of licensable treatments rather than the product or brand name of the treatment

Current list of licensable special treatments. Please tick **all** those you propose to offer.

1	Acupressure	<input type="checkbox"/>	29	Halotherapy / Speliotherapy	<input type="checkbox"/>	57	Pedicure	<input type="checkbox"/>
2	Acupuncture	<input type="checkbox"/>	30	High frequency	<input type="checkbox"/>	58	Physiotherapy	<input type="checkbox"/>
3	Anthroposphical medicine	<input type="checkbox"/>	31	Holistic massage	<input type="checkbox"/>	59	Polarity therapy	<input type="checkbox"/>
4	Aromatherapy	<input type="checkbox"/>	32	Hot air massage	<input type="checkbox"/>	60	Qi gong	<input type="checkbox"/>
5	Ayurvedic medicine	<input type="checkbox"/>	33	Hydrotherapy	<input type="checkbox"/>	61	Reflexology	<input type="checkbox"/>
6	Beading	<input type="checkbox"/>	34	Infra red	<input type="checkbox"/>	62	Scenar therapy	<input type="checkbox"/>
7	Bio skin jetting	<input type="checkbox"/>	35	Ken eyerman Technique	<input type="checkbox"/>	63	Sclerotherapy	<input type="checkbox"/>
8	Body massage	<input type="checkbox"/>	36	Kirilian photography	<input type="checkbox"/>	64	Shiatsu	<input type="checkbox"/>
9	Body piercing	<input type="checkbox"/>	37	Korean hand therapy	<input type="checkbox"/>	65	Spa	<input type="checkbox"/>
10	Body talk	<input type="checkbox"/>	38	Intense pulse light (IPL)	<input type="checkbox"/>	66	Sports / Remedial massage	<input type="checkbox"/>
11	Bowen technique	<input type="checkbox"/>	39	Lumi lift / Lumi facials	<input type="checkbox"/>	67	Steam room / bath	<input type="checkbox"/>
12	Champissage (Indian head massage)	<input type="checkbox"/>	40	Manicures	<input type="checkbox"/>	68	Stone therapy	<input type="checkbox"/>
13	Chiropody / podiatry	<input type="checkbox"/>	41	Manual lymphatic drainage	<input type="checkbox"/>	69	(TAT) Tapas Acupressure technique	<input type="checkbox"/>
14	Chiropractic	<input type="checkbox"/>	42	Marma therapy	<input type="checkbox"/>	70	Tattoo removal	<input type="checkbox"/>
15	Colour therapy	<input type="checkbox"/>	43	Meta Aromatherapy	<input type="checkbox"/>	71	Tattooing	<input type="checkbox"/>
16	Detox box	<input type="checkbox"/>	44	Metamorphic technique	<input type="checkbox"/>	72	Tempooing	<input type="checkbox"/>
17	Electrolysis (hair removal)	<input type="checkbox"/>	45	Micro current therapy (non surgical face lifts)	<input type="checkbox"/>	73	Thai massage	<input type="checkbox"/>
18	Advanced electrolysis (moles, warts, skin tags)	<input type="checkbox"/>	46	Microdermal anchors	<input type="checkbox"/>	74	Thalassotherapy	<input type="checkbox"/>
19	(EFT) emotional Freedom technique	<input type="checkbox"/>	47	Micropigmentation (semi-permanent make up)	<input type="checkbox"/>	75	Therapeutic / Holistic massage	<input type="checkbox"/>
20	Endermologie	<input type="checkbox"/>	48	Moxibustion	<input type="checkbox"/>	76	Tui-na	<input type="checkbox"/>
21	Fairbane method / Tangent method	<input type="checkbox"/>	49	N.A.E.T (Namripad Allergy Elimination Technique)	<input type="checkbox"/>	77	Ultra sonic	<input type="checkbox"/>
22	Faradism	<input type="checkbox"/>	50	Nail extensions	<input type="checkbox"/>	78	Ultra violet tanning	<input type="checkbox"/>
23	Floatation tank	<input type="checkbox"/>	51	No hands massage	<input type="checkbox"/>	79	Class 3B lasers	<input type="checkbox"/>
24	Foot detox	<input type="checkbox"/>	52	Osteomyology	<input type="checkbox"/>	80	Class 4 lasers	<input type="checkbox"/>
25	Freeway - CER	<input type="checkbox"/>	53	Osteopathy	<input type="checkbox"/>			<input type="checkbox"/>
26	Galvanism	<input type="checkbox"/>	54	Oxygen Therapy – (oxygen bars only)	<input type="checkbox"/>			<input type="checkbox"/>
27	Grinberg method	<input type="checkbox"/>	55	Rolfing	<input type="checkbox"/>			<input type="checkbox"/>
28	Gyratory massage	<input type="checkbox"/>	56	Sauna	<input type="checkbox"/>			<input type="checkbox"/>

Part seven: although the list of licensable treatments on the previous page is accurate at the time of writing, we are aware that new treatments are introduced in the industry on a regular basis.

Please use the box below to list any other treatments you wish to carry out at the premises which are not listed and may require licensing.

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**Part eight: what are your proposed hours of opening?**

Please state the opening and closing hours, e.g. 0900hrs-1900hrs. If the premises does not open on a certain please state 'closed'

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### Part nine: signature of applicant

Please provide a signature of proposed licence holder, or duly authorised person to sign on behalf of the proposed licence holder. If signing on behalf of the proposed licence holder, please state in what capacity you are signing (i.e. solicitor, authorised agent etc).

By signing here the proposed licence holder acknowledges that they have received a copy of the standard conditions applicable to a special treatment establishment licence within the London Borough of Camden, and declare that the information given within this application form, to the best of their knowledge, is true and complete in every respect. They agree to abide by these conditions in the event of the application for a special treatment establishment licence being successful.

Signature		
Date		
Correspondence details	Address:	
	Post code:	
	Telephone number:	
Email address:		
Capacity in which signing		

## Part nine: other things that you must do for your application to be considered

As well as completing this application, you must provide certain other information for your application to be considered. These are:

<p>Floor plans of the premises to be licensed</p>	<p>In order for your application to be considered you must provide us with a clear, up-to-date scale plan (scale 1:50) of the premises. This should show:</p> <ul style="list-style-type: none"> <li>• The lay-out of the premises, including all external and internal walls</li> <li>• All rooms used for treatments. These should be clearly labelled to identify which treatments are carried in which room</li> <li>• The provision of ventilation, fans, wash hand basins, sinks, sterilization areas, WC's, etc within the premises</li> <li>• The fire exits and escape routes</li> <li>• The provision of any emergency lighting, fire alarm system installed at the premises</li> <li>• The location of any windows and stairs</li> <li>• The location of all entrance/exit doors</li> </ul>
<p>Proof that you have sent a copy of this application to the Police and Fire Authority</p>	<p>In order for your application to be approved you must notify the Metropolitan Police and London Fire and Emergency Planning Authority (LFEPA) of this application, as required by section 7 (1) of the London Local Authorities Act 1991. You should include a copy of this application and nay floor plans/safety certificates with your correspondence</p> <p>Contact details:</p> <p>Metropolitan Police Licensing Sergeant, Holborn Police Station, 10 Lambs Conduit Street, London, WC1N 3NR</p> <p>LFEPA Fire Safety Regulation, South West Area 4, 169 Union Street, London, SE1 0LL</p> <p>Please provide proof to us that the Metropolitan Police and LFEPA have been sent a copy of this application and its required additional documentation.</p>
<p>Electrical inspection certificates</p>	<p>Please provide up-to-date electrical inspection certificates covering main installation, portable appliances, fire alarm, emergency lighting, and fire-fighting equipment.</p> <p>No licence can be issued until this has been received and verified.</p>
<p>Fee</p>	<p>A list of fees has been included with this application form and is also available by visiting <a href="http://www.camden.gov.uk">www.camden.gov.uk</a> or contacting the Customer Support Team on 020 7974 5613, or e-mail <a href="mailto:ppp@camden.gov.uk">ppp@camden.gov.uk</a></p>



### Part ten: checklist

1	The application form has been fully completed, signed, and dated	<input type="checkbox"/>
2	I have enclosed the required fee for the licence for the premises All cheques should be made payable to the London Borough of Camden	<input type="checkbox"/>
3	I have enclosed scale plans of the premises	<input type="checkbox"/>
4	I have enclosed the required electrical inspection certificates	<input type="checkbox"/>
5	I have enclosed proof that I have notified the Metropolitan Police and LFEPA of this application	<input type="checkbox"/>

### Part eleven: data protection

The information on this application will be used by the London Borough of Camden for the purposes of Special Treatment Licensing and related purposes. The application form may be examined on request by a member of the public. This information may be disclosed to the police, fire authority, and other Council Departments.

### Part twelve: personal approval of therapist

Therapists who provide special treatments at licensed premises must be approved by the Local Authority. We will only approve people that are appropriately qualified and experienced, and checks are made to ensure that every qualification certificate received is authentic. Qualifications printed in a language other than English must be translated by an authorised person.

Once approved, the therapist will be able to work at any premises within the borough, providing that establishment has been granted a licence for the treatment the therapist carries out.

Application forms for therapist Personal Approval can be obtained by contacting the Customer Support Team on 020 7974 5613, or e-mail [ppp@camden.gov.uk](mailto:ppp@camden.gov.uk)