

LONDON LOCAL AUTHORITIES ACT 1991

APPLICATION FOR SPECIAL TREATMENT LICENCE

Please type your answers into the boxes where required

SECTION 1 – EXISTING LICENCE

| | |
|-------------------------|----------------------|
| Existing licence number | <input type="text"/> |
|-------------------------|----------------------|

Expiry date

SECTION 2 – WHAT YOU ARE APPLYING TO DO

What are you applying to do? Tick only one box

- Apply for a licence for the first time
- Renew an existing licence (Note: this must be before the expiry of a current licence)
- Make a change to a licence
- Renew AND make a change to a licence

To renew a licence without any changes now complete sections 8 and 9 only

| |
|---|
| If applying to vary or to transfer a licence please give brief details: |
| <input type="text"/> |

SECTION 3 – APPLYING AS A COMPANY

Leave blank if applying as an individual or as a partnership

| | |
|---------------------------|-----------------------------|
| Company name | Company registration number |
| <input type="text"/> | <input type="text"/> |
| Registered office address | |
| <input type="text"/> | |
| Contact name | Position in company |
| <input type="text"/> | <input type="text"/> |
| Contact telephone number | Contact email address |
| <input type="text"/> | <input type="text"/> |

SECTION 4 – APPLY AS AN INDIVIDUAL OR A PARTNERSHIP

| | Applicant 1 | Applicant 2 |
|----------------------------------|--------------------|--------------------|
| Full name | | |
| Address and postcode | | |
| Date of birth | | |
| National insurance number | | |
| Daytime phone number | | |
| Email address | | |

SECTION 5 – THE PREMISES AND OPERATING HOURS

| | |
|----------------------|---|
| Business name | |
| Address and postcode | |
| Telephone number | |
| Email address | |
| Type of premises | <input type="checkbox"/> domestic <input type="checkbox"/> commercial |

| Day | Open | Close |
|-----------|------|-------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

SECTION 6 – TREATMENTS TO BE OFFERED

Please tick which special treatments you will be offering

Band A

- Ear piercing

Band B

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Massage | <input type="checkbox"/> Eyebrow/lash tinting |
| <input type="checkbox"/> Bleaching | <input type="checkbox"/> Pedicure | <input type="checkbox"/> Manicure (not nail extensions) |
| <input type="checkbox"/> Facials (basic) | <input type="checkbox"/> Waxing | <input type="checkbox"/> Metamorphic Technique |
| <input type="checkbox"/> Polarity Therapy | <input type="checkbox"/> Shiatsu | <input type="checkbox"/> Thermo Auricular Therapy |
| <input type="checkbox"/> Reflexology | <input type="checkbox"/> Reiki | <input type="checkbox"/> Infra Red Treatments |
| <input type="checkbox"/> Polarity Therapy | <input type="checkbox"/> Qi Gong | <input type="checkbox"/> Fairbane /Tangent Therapy |
| <input type="checkbox"/> Sports Massage | <input type="checkbox"/> Thai massage | <input type="checkbox"/> Holistic/Therapeutic massage |

Band C

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Nail Extensions | <input type="checkbox"/> Acupressure | <input type="checkbox"/> Anthroposophical Medicine |
| <input type="checkbox"/> Endermologie | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Ayurvedic Medicine |
| <input type="checkbox"/> Colour Therapy | <input type="checkbox"/> Body Wraps | <input type="checkbox"/> Bowen Technique |
| <input type="checkbox"/> High Frequency | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Advanced electrolysis |
| <input type="checkbox"/> Sclerotherapy | <input type="checkbox"/> Foot Detox | <input type="checkbox"/> Gyrotory massage – G5 |
| <input type="checkbox"/> Spray Tanning | <input type="checkbox"/> Galvanism | <input type="checkbox"/> Korean Hand Massage |
| <input type="checkbox"/> Stone Therapy | <input type="checkbox"/> Faradism | <input type="checkbox"/> Ultra Sonic Treatments |
| <input type="checkbox"/> Trichology | <input type="checkbox"/> NAET | <input type="checkbox"/> Manual Lymphatic Drainage |
| <input type="checkbox"/> Tui-na | <input type="checkbox"/> Rolfing | <input type="checkbox"/> Micro Current Therapy |
| <input type="checkbox"/> Micropigmentation | <input type="checkbox"/> Moxbustion | <input type="checkbox"/> Micro-dermabrasion |

Band D

- | | | |
|--|---|---|
| <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Beading | <input type="checkbox"/> Bio Skin Jetting |
| <input type="checkbox"/> Floatation Tank | <input type="checkbox"/> Ultra Violet Tanning | <input type="checkbox"/> Chiropody & Chiropractic |
| <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Jacuzzi / Spa | <input type="checkbox"/> Steam & Sauna Baths |
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Tattoo Removal | <input type="checkbox"/> Thalassotherapy |

Band E Laser Intense Pulsed Light (IPL)**Please state any other treatment not included above**

| |
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| |
|--|

SECTION 7 - THERAPISTS

Please provide details of therapists to be included on the licence:

| Therapist name | Therapist's qualification | Special treatments to be provided | Evidence of identity provided |
|----------------|---------------------------|-----------------------------------|--|
| | | | <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other (please state: |
| | | | <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other (please state: |
| | | | <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other (please state: |
| | | | <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other (please state: |
| | | | <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other (please state: |

Please provide details of any therapists to be removed from the licence:

| | |
|--|--|
| | |
| | |

SECTION 8 - PAYMENT**Please tick and complete as appropriate:** I enclose a cheque number payable to Harrow Council

Please telephone me on telephone number to take a credit/debit card payment

SECTION 9 – DECLARATION

Please tick the following as applicable:

New applications only

- I have sent a copy of this application to the Police and the Fire Authority
- I have placed the required notice on the premises for 14 days so that it can be easily read by the public

New and variation applications only

- I have included a scale plan of the premises to be licensed
- I have included qualification certificates of all therapists to be licensed and copies of their identification documents

Renewals only

- I am applying to renew my existing licence and declare that none of the existing details have changed.
- I have sent a copy of this application to the Police and the Fire Authority

All applications

- The details contained in this application are true to the best of my knowledge and belief
- None of the applicants have been convicted of an offence under Part 2 of the London Local Authorities Act 1991
- I enclose a current public liability insurance certificate
- I enclose a current employers liability insurance certificate (if appropriate)
- I enclose a current portable electrical appliance certificate
- I enclose a Periodic Inspection Certificate for a Fixed Electrical Installation, (or you have previously supplied a current certificate within the last 5 years)
- I will comply with the conditions attached to any special treatment licence granted to me
- I undertake to supply any other information that the Council may need in connection with this application

| | | |
|-----------------|--|--|
| Signed | | |
| Date | | |
| Position | | |

Remember to save your application on your computer if completing electronically and email to licensing@harrow.gov.uk or post to Licensing, Public Protection, Harrow Council, PO Box 18, Station Road, Harrow, Middlesex HA1 2UT