

**SPECIAL TREATMENTS PREMISES**  
**London Local Authorities Act 1991 – Part II**



**APPLICATION FOR A NEW**  
**SPECIAL TREATMENTS PREMISES LICENCE**

Please read the document, “How to apply for a special treatments premises licence” and the notes attached to this form carefully before completing your application.

Please complete all sections of this form ensuring that answers are clear and legible.

The licensing year is from 1<sup>st</sup> July – 30 June . Licences are granted for a maximum period of 12 months and all licences will expire on 30 June.

<b>SECTION 1 – THE PREMISES</b>
Trading Name:
Full Address:
Premises Telephone Number:
Email Address:
Days of Operation:
Hours of Operation:
Are the premises commercial or residential?
Are the premises rented?
If the premises are residential and rented, please provide the name and address of the landlord
<b>Area of premises to be licensed</b> (Whole/basement/ground floor/room or area - describe)

**Plan of premises**

Please provide separately a plan or line drawing of the area of the premises to be licensed. (see guidance notes)

**SECTION 2 – APPLICANT**

If the applicant is an individual/sole trader, please complete section 2A

If the applicant is a partnership, please complete section 2B

If the applicant is a limited company or other organisation, please complete section 2C

**2A – INDIVIDUAL APPLICANT**

Mr/Mrs/Miss/Ms/other                      Surname:

First Name(s):

Full Home Address:

Personal Telephone Number:

Email Address:

Date of Birth:

**2B -- PARTNERSHIP** *provide details of all partners***Partner**

Mr/Mrs/Miss/Ms/other                      Surname:

First Name(s):

Full Home Address:

Personal Telephone Number:

Email Address:

Date of Birth:

<b>Partner</b>	
Mr/Mrs/Miss/Ms/other	Surname:
First Name(s):	
Full Home Address:	
Personal Telephone Number:	
Email Address:	
Date of Birth:	
<b>PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY</b>	

<b>2C – LIMITED COMPANY/OTHER</b>	
Nature of organisation:	
Full name of the organisation:	
Company registration number/Registered charity number:	
Registered Office address:	
Telephone Number:	
Email address:	
<b>Director/Trustee/etc.</b> (please state)	
Mr/Mrs/Miss/Ms/other	Surname:
First Name(s):	
Full Home Address:	
Contact Telephone Number:	
Date of Birth:	

<b>Director/Trustee/etc.</b> (please state)	
Mr/Mrs/Miss/Ms/other	Surname:
First Name(s):	
Full Home Address:	
Contact Telephone Number:	
Date of Birth:	
<b>Director/Trustee/etc.</b> (please state)	
Mr/Mrs/Miss/Ms/other	Surname:
First Name(s):	
Full Home Address:	
Contact Telephone Number:	
Date of Birth:	
<b>PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY</b>	

**SECTION 3A – SPECIAL TREATMENTS TO BE OFFERED**

Please indicate all treatments you propose to provide

<b>BATH/VAPOUR</b> <b>Category 3</b>		<b>MASSAGE &amp; FACIALS</b> <b>Category 3</b>	
FLOTATION TANK		MANUAL LYMTHATIC DRAINAGE	
HYDROTHERAPY		POLARITY THERAPY	
SAUNA		REFLEXOLOGY	
SPA		REIKI (if with massage)	
STEAM ROOM/BATH		SHIATSU	
HALOTHERAPY/SPELIOTHERAPY		SPORTS MASSAGE	
OXYGEN BAR		STONE THERAPY	
OTHER give details		SWEDISH	
		THERMO AURICULAR THERAPY (if with facial massage)	
<b>COSMETIC PIERCING</b> <b>Category 4</b>		THAI MASSAGE	
EAR PIERCING (lobe only)		TRICHOLOGY (if with massage)	
NOSE PIERCING (Nostril only)		TUI-NA	
<b>ELECTRIC TREATMENTS</b> <b>Category 2</b>		OTHER give details	
FARADISM (e.g. Slendertone, Transion)			
GALVANISM (e.g. Endermologie)		<b>if not state registered:</b>	
MICRO CURRENT THERAPY		CHIROPODY	
MICRO-DERMABRASION (non-laser)		CHIROPRACTIC	
NON-SURGICAL FACELIFTS		OSTEOPATHY	
RADIO FREQUENCY		PHYSIOTHERAPY	
SCENAR THERAPY		<b>SKIN PIERCING TREATMENTS</b>	
THERMA VEIN		<b>ACUPUNCTURE</b> <b>Category 2</b>	
ULTRA SONIC		ACUPUNCTURE	
<b>ELECTROLYSIS</b> <b>Category 2</b>		DRY NEEDLING	
ELCTROLYSIS		KOREAN HAND THERAPY	
ADVANCED ELECTROLYSIS (moles warts skin tags red vein removal)		MOXIBUSTION	
<b>LIGHT TREATMENTS</b> <b>Category 3</b>		<b>BODY PIERCING</b> <b>Category 2</b>	
COLOUR THERAPY		BODY	
INFRA RED		FACIAL	
LUMI LIFT/LUMI FACIAL		GENITAL	
ULTRA VIOLET TANNING (SUNBED)		BEADING	
<b>MANICURE</b> <b>Category 3</b>		MICRO-DERMAL ANCHOR	
MANICURE		<b>TATTOOING</b> <b>Category 2</b>	
NAIL EXTENSIONS		MICRO-BLADING	
PEDICURE		MICRO-PIGMENTATION	
<b>MASSAGE &amp; FACIALS</b> <b>Category 3</b>		TATTOOING	
ACCUPRESSURE		TATTOO REMOVAL (non-laser)	
AROMATHERAPY		TEMPTOOING	
AYURVEDIC MEDICINE			
BODY MASSAGE		<b>LASER TREATMENTS</b> <b>Category 1</b>	
BOWEN TECHNIQUE		LASERS/INTENSE PULSED LIGHT	
CHAMPISSAGE (Indian Head Massage)		LIPOLASER	
FACIAL WITH MASSAGE		MICRO-DERMABRASION (LASER)	
FOOT MASSAGE		TATTOO REMOVAL (LASER)	
GYRATORY MASSAGE – G5		<b>OTHER TREATMENTS</b> provide details on separate sheet if necessary	
HOLISTIC MASSAGE			

**Section 3B – PRACTITIONERS TO PROVIDE TREATMENTS**

A **Practitioner Details** form must be completed for each practitioner proposed to provide special treatments. Copies of qualification(s), photo ID and a digital photograph must accompany this application.

**Please list all proposed practitioners below and the licensable treatments you intend each to provide.**

Full Name	Date of Birth	Special Treatments

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY**

**SECTION 4 – OTHER INFORMATION**

**4A – Managing the Premises**

Provide the full name(s) of the person(s) who will manage the premises on a day to day basis.

**4B – Licensing History**

Has any person associated with this application ever been refused the grant, renewal, transfer or variation of a Special Treatment Licence? YES / NO

**If yes, please provide full details**

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY**

**4C – Convictions**

A **Declaration of Convictions** form must be completed for all persons or bodies named on this application form.

<b>SECTION 5 – DECLARATION</b>	
<i>Please read the Declaration carefully before signing</i>	
I/We declare that the information contained in this application form and any attached documents is correct to the best of my/our knowledge and belief.	
Where the application is made by an organisation, a director, secretary or other senior officer of the organisation should sign the application. Where made by a partnership, each partner must sign the application. Anyone signing on behalf of an applicant must state in what capacity.	
<b>Capacity:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	
<b>Capacity:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	
<b>Capacity:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	
<b>PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY</b>	

#### DATA PROTECTION STATEMENT

The applicant is advised that the information provided in this form may be shared with persons other than the statutory consultees at the discretion of the Council.

The information provided in this form may be used for the prevention and detection of fraud. Information may also be disclosed to the UK Border Agency or HMRC if those bodies make appropriate requests to the Council.

The Council's General Privacy Notice may be viewed at <https://www.lbbd.gov.uk/general-privacy-notice>



**SECTION 6 – THE FEE**

**Paying the Fee**

The current table of fees is available on the Special Treatments Premises Licences page of the Council's website

Credit/debit card payments may be made online at <https://www.lbbd.gov.uk/online/pay-it/online-payments/> Please enter the online payment receipt number below.

**PLEASE NOTE WE DO NOT ACCEPT PAYMENT BY CHEQUE OR POSTAL ORDER**

Amount Paid    £

Online Payment Receipt No:

Date of Payment:

**The application fee is non-refundable. The licence fee is payable on approval of the application.**

## CHECKLIST

### **Before submitting this application please ensure:**

All relevant sections of the application form have been completed

The application fee has been paid online

All the special treatments you propose to offer have been indicated

A completed Practitioner Details form for all those intended to carry out special treatments is enclosed

A copy of qualifications and/or training certificates for each proposed practitioner in respect of each treatment they are intended to provide is enclosed

A copy of photo ID is enclosed for each proposed practitioner. A digital photograph of each practitioner must also be e-mailed to [licensing@lbbd.gov.uk](mailto:licensing@lbbd.gov.uk) but these may be sent with or after submission of the application

A completed Declaration of Convictions form is enclosed for each person and organisation named in the application

A plan or line drawing of the premises is enclosed

The public notice has been completed and put on display so that it is visible at all times from outside the premises

### **Please submit completed forms by post to**

Licensing Team  
London Borough of Barking and Dagenham  
Lower Ground Floor  
Barking Town Hall  
1 Town Square  
Barking  
IG11 7LU

**Or by e-mail to:** [licensing@lbbd.gov.uk](mailto:licensing@lbbd.gov.uk)

## **GUIDANCE NOTES**

Please read these notes carefully before completing your application form. (Do not submit the checklist or these notes with your application)

### **General**

The application must be completed by or on behalf of the intended licensee.

### **Section 1 – The Premises**

Please provide full details of the premises intended to be used to provide the special treatments. Where necessary, please indicate which floors of the property and which rooms the treatments will be provided from.

### **Line Drawings**

The line drawing or plan should be up to date and no larger than A4 size with a separate page provided for each floor of the building.

The plan should include:

- the intended use of each room
- external and separating walls
- internal walls and columns
- partition walls and partitions
- doorways and openings in external and internal walls and partitions indicating the direction of opening of any doors (indicate whether any rear or side exits lead to an enclosed yard or the street)
- all exit routes, showing doors, passageways, staircases, and final exits
- position of fire exit signage
- position of fire alarm call points and indicator panel, if provided
- all stairways indicating direction of rise
- any steps or number of steps or ramp at a change in floor levels, indicating the direction of rise
- all openings in floors or walls for lifts, escalators, elevators, conveyors, chutes etc.
- areas covered by emergency lighting, smoke detectors or automatic sprinklers
- the scale of drawings (minimum 1:100)

Line drawings may be hand drawn using just a pen and ruler – however if not drawn to scale, the exact dimensions for all rooms, passageways and areas must be given.

Please retain a copy of all plans submitted with the application.

### **Section 2 – The Applicant**

This section requires full details of the applicant. Please complete the relevant part.

### **Section 3 – Treatments to be offered / Practitioners providing treatments**

In this section you are asked to indicate treatments to be offered and all proposed practitioners. Please specify each individual treatment. Do not include generic terms such as 'beauty therapy'.

Please note that a copy of the practitioner's relevant qualification must be provided. A digital photograph and a copy of valid photo ID must also be provided. Practitioner Details forms are downloadable from the Council's website.

### **Section 4 – Other Information**

Declaration of Convictions forms are downloadable from the Council's website.

### **Section 5 – Declaration**

The application must be signed by the applicant or their authorised representative.

### **Checklist**

This is provided to help you ensure that you submit a complete application with all required supporting documents. Failure to provide all the requested information will delay the processing of your application or may render it invalid.