

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



**APPLICATION TO VARY A**  
**SPECIAL TREATMENTS PREMISES LICENCE**

Please read 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.

<b>SECTION 1 – THE LICENCE TO BE VARIED</b>
Licence number:
Licensee name:
Premises Name:
Full Address of premises:
Premises Telephone Number:

<b>SECTION 2 –THE VARIATION</b>
If you wish to offer different or additional treatments complete section 2A
AND/OR: If you wish to change or have additional practitioners providing treatments complete section 2B
AND/OR: If you wish to change the Premises Manager (Authorised Person) complete section 2C
AND/OR: if you wish to make changes to the licensed area complete section 2D
AND/OR: if you wish to make any other change complete section 2E

**SECTION 2A – CHANGES IN TREATMENTS TO BE OFFERED**

Please list any additional treatments you wish to offer under the licence with a short description.


Please list any licensable treatments previously or currently offered at the premises that you wish to remove from the licence


**SECTION 2B – CHANGE IN PRACTITIONERS PROVIDING TREATMENTS**

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

Name of Practitioner	Date of Birth	Special Treatments

<b>PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY</b>		

<b>Please list any practitioners to be removed from the licence</b>	
<b>SECTION 2C – CHANGE OF PREMISES MANAGER (AUTHORISED PERSON)</b>	
<b>Name</b>	<b>Date of Birth</b>

**SECTION 2D – CHANGE TO LICENSED AREA**

**Please provide details of any proposed changes to the licensed area. If any significant layout or structural change is proposed, you must also provide a revised plan or drawing of the premises.**

**SECTION 2E – ANY OTHER VARIATION**

**Please provide details of any other variation(s) you wish to make to the licence**

**SECTION 3 – DECLARATION**

**Declaration** *Please read the Declaration carefully before signing*

I/We declare that the information provided 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.

**Signature:**

**Date:**

**Print name:**

**Capacity:**

**SECTION 4 – THE FEE**

**Paying the Fee**

The current table of fees is available from the Council's website at

<https://www.lbbd.gov.uk/special-treatment-licences>

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

Credit/debit card payments may be made [online](#).

Amount Paid    £

Online Payment Receipt No:

Date of Payment:

**The application fee is non-refundable.**

## CHECKLIST

### Before submitting this application please ensure:

the application form has been completed in full

the application fee has been paid online

### For applications to vary treatments and/or practitioners

- a completed Practitioner Details form is enclosed for all proposed new practitioners
- a copy of qualifications and/or training certificates is enclosed for each proposed new practitioner and/or in respect of each treatment
- a copy of photo ID and a digital photograph is provided for each proposed new practitioner
- a completed Declaration of Convictions form is enclosed for each new person named in the application

### For applications to vary licensed area

- where required, a revised plan of the premises is enclosed

### 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)

### 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>

## **GUIDANCE NOTES**

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

### **Section 1 – The Licence**

Please provide full details of the licence you wish to be varied.

### **Section 2A – Changes to treatments offered**

Please specify each additional treatment you wish to provide. Do not include generic terms such as ‘beauty therapy’. If new treatments are to be provided by practitioners already on the licence, you must enclose copies of their qualifications and/or training certificates in respect of those treatments.

Also indicate any treatments currently listed on the licence that you no longer intend to provide. Should removing treatments from the licence be the ONLY change you wish to make completion of this form is not required, however you must advise the Council and your licence will be amended on payment of a small administration fee.

### **Section 2B – Change in practitioners providing treatments**

Please list all new practitioners you intend to provide licensable treatments at the premises. Practitioner Details and Declaration of Conviction forms must be completed for each proposed new practitioner and copies of their relevant qualification(s), a digital photograph and photo ID must be enclosed with the application.

Please note: NO NEW PRACTITIONER MAY PROVIDE SPECIAL TREATMENTS AT THE PREMISES NOR ANY EXISTING PRACTITIONER PROVIDE NEW SPECIAL TREATMENTS UNTIL SPECIFIED ON THE LICENCE.

The Council may provide a copy of the application and associated documents to the police as statutory consultees.

Also indicate any practitioners whose name you wish to be removed from the licence. Should removing practitioners from the licence be the ONLY change you wish to make completion of this form is not required, but you should advise the Council and your licence will be amended on payment of a small administration fee.

### **Section 2C – Change of Premises Manager (Authorised Person)**

Please provide the name and date of birth of any new premises manager.

### **Section 2D – Change in licensed area**

Please clearly describe any changes you wish to make to the licensed premises. This description may be all that is required for minor changes, but if you wish to make any structural alterations or significant changes to the layout of the premises, you will need to submit a revised plan or line drawing of the premises with the application.

The plan or drawing should where necessary show each floor of the building on a separate sheet. The plan should indicate:

- 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)

The Council may provide a copy of the application and associated documents to the Fire Brigade as statutory consultees.

### **Section 2E – Other variation**

Please detail any other proposed variation to the licence, e.g. amendment or removal of any condition or restrictions on the licence.

### **Section – Declaration**

The application must be signed by or on behalf of the Licensee.

### **Checklist**

The checklist is provided to help you ensure you submit a properly completed application.

Failure to provide all the required information will delay the processing of your application and may render it invalid.