

**LONDON LOCAL AUTHORITIES ACT 1991, PART II**

**SPECIAL TREATMENT PREMISES**

**APPLICATION FOR AN ANNUAL SPECIAL TREATMENT PREMISES LICENCE**

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| This form should be fully completed, signed and forwarded to:  [licensing@islington.gov.uk](mailto:licensing@islington.gov.uk)  Or  Licensing Team, 3rd Floor, 222 Upper Street, Islington, London, N1 1XR.  We do not accept cheques or cash.  Payment link will be emailed to you when application is being processed | **FOR OFFICE USE ONLY** | |
| Worksheet Number: |  |
| Fee Paid: |  |
| Cheque/Postal Order No: |  |
| Receipt Number: |  |
| Date Received: |  |
| Initials: |  |

**PLEASE READ THE ACCOMPANYING NOTES CAREFULLY BEFORE COMPLETING THIS FORM**

**I/We apply for an annual special treatment licence for the premises named below:**

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| **Premises** | | |
| **A.** | Premises Name |  |
| Address of the premises: |  |
| Postcode: |  |
| Telephone Number |  |
| Email Address |  |
| **Applicant if a Limited Company**  **(if licensee is a individual or Sole Trader please complete part C below)** | | |
| **B.** | Company Name |  |
| Registered Address |  |
| Postcode: |  |
| Contact Telephone Number |  |
| Contact Email Address |  |
|  |  |
| Company Registration Number |  |
| Legal Status: (e.g. Company Partnership etc. |  |

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| **Applicant if a Individual** | | |
| **C.** | First Name |  |
| Surname |  |
| Maiden Name (If Applicable) |  |
| Residential Address  (Proof must be provided) |  |
| Postcode: |  |
|  |  |
| Telephone Number |  |
| Email Address |  |
|  |  |
| Date of Birth |  |
| Passport/Driving Lic number |  |
| **Convictions** | | |
| **D.** | List all, if any spent and unspent convictions in the Last five years (Include date(s) and court details) |  |

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| **Therapist** | | |
| **E.** | List the names of all Therapists employed at the premises at the time of application Including their Islington registration number: | |
|  | **Name** | **Islington Registration Number** |
| **1** |  | LN/ |
| **2** |  | LN/ |
| **3** |  | LN/ |
| **4** |  | LN/ |
| **5** |  | LN/ |
| **6** |  | LN/ |
| **7** |  | LN/ |

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| **F.** | **Standard/Low Risk Special Treatments** | | | |
| **BATHS** | | | | |
| CRYOSAUNA | |  | MESOTHERAPY (Steamed Only) |  |
| DETOX BOX | |  | OXYGEN THERAPY (Oxygen Bars only) |  |
| FACIAL STEAMERS | |  | OZONE SAUNA |  |
| FISH THERAPY | |  | SAUNA |  |
| FLOATATION TANK | |  | SPA |  |
| FOOT DETOX | |  | STEAM ROOM/BATH |  |
| HALOTHERAPY/SPELIOTHERAPY | |  | THALASSATHERAPY |  |
| HYDROTHERAPY | |  |  |  |
| **ELECTRIC (Low Risk)** | | | | |
| ENDERMOLOGIE | |  | MICRO CURRENT THERAPY |  |
| FARADISM | |  | NON SURGICAL FACE LIFTS |  |
| GALVANISM | |  | RADIO FREQUENCY |  |
| HIGH FREQUENCY | |  | SCENAR THERAPY |  |
| KIRILIAN PHOTOGRAPHY | |  | ULTRA SONIC |  |
| **LIGHT (Low Risk)** | | | | |
| COLOUR THERAPY (Chromatherapy) | |  | INFRA RED |  |
| LUMI LIFT/LUMI FACIALS | |  |  |  |
| **MANICURES** | | | | |
| MANICURES | |  | PEDICURE |  |
| NAIL EXTENSIONS | |  |  |  |
| **MASSAGE** | | | | |
| ACUPRESSURE | |  | METAMORPHIC TECHNIQUE |  |
| ANTHROPOSPHICAL MEDICINE | |  | MYOFASCIAL RELEASE |  |
| AROMATHERAPY | |  | NEUROSKELETAL RE-ALIGNMENT |  |
| AYURVEDIC MEDICINE | |  | NO HANDS MASSAGE |  |
| BODY MASSAGE | |  | OSTEOMYOLOGY |  |
| BODY TALK | |  | OSTEOPATHY |  |
| BOWEN TECHNIQUE | |  | PHYSIOTHERAPY |  |
| CHAMPISSAGE (Indian Head Massage) | |  | POLARITY THERAPY |  |
| CHIROPRACTIC | |  | QI GONG |  |
| (EFT) EMOTIONAL FREEDOM TECHNIQUE | |  | REFLEXOLOGY |  |
| FACIAL MASSAGE | |  | REMEDIAL MASSAGE |  |
| FAIRBANE/TANGENT METHOD | |  | ROLFING |  |
| FREEWAY - CER | |  | ROLL SHAPER |  |
| GRINBERG METHOD | |  | SHIATSU |  |
| GYRATORY MASSAGE | |  | SPORTS/REMEDIAL MASSAGE |  |
| HOLISTIC MASSAGE | |  | STONE THERAPY |  |
| HOT AIR MASSAGE | |  | (TAT) TAPAS ACUPRESSURE TECHNIQUE |  |
| KEN EYERMAN TECHNIQUE | |  | THAI MASSAGE |  |
| MANUAL LYMPHATIC DRAINAGE | |  | THERAPEUTIC/ HOLISTIC MASSAGE |  |
| MARMA THERAPY | |  | TUI – NA |  |
| MERIDIAN THERAPIES | |  |  |  |
| META AROMATHERAPY | |  |  |  |
| **Cosmetic Piercing** | | | | |
| OUTER EAR/NOSE PIERCING | |  |  |  |

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| **G.** | **HIGH RISK SPECIAL TREASTMENTS** | | | |
| **Acupuncture** | | | | |
| ACUPUNCTURE | |  | MOXIBUSTION |  |
| DRY NEEDLING | |  | N.A.E.T (Namripad Allergy Elimination Technique) |  |
| KOREAN HAND THERAPY | |  |  |  |
| **Chiropody** | | | | |
| CHIROPODY | |  | PODIATRY |  |
| **Cosmetic Piercing** | | | | |
| BEADING | |  | BODY PIERCING |  |
| BIO SKIN JETTING | |  | MICRODERMAL ANCHORS |  |
| **Electric (HR)** | | | | |
| ELECTROLYSIS (Hair Removal) | |  | THERMAVEIN |  |
| ADVANCED ELECTROLYSIS/ THERMOLOGY(Moles, Warts, Skin Tags) | |  |  |  |
| **Light (High Risk)** | | | | |
| TATTOO REMOVAL (Laser) | |  | LIPO LASER |  |
| LASERS/INTENSE PULSE LIGHT | |  | ULTRA VIOLET TANNING |  |
| **Tattooing** | | | | |
| MICROPIGMENTATION (semi-permanent make up) | |  | TATTOOING |  |
| TATTOO REMOVAL (NON-LASER) | |  | TEMPTOOING |  |

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| **Checklist** | | |
| A | A completed premises application form |  |
| B | A plan of the premises, in the Standard Scale: 1:100. The plan shall show: the location of points of access to and egress from the premises;   * the extent of the boundary of the building, if relevant, and any external and internal walls of the building and, if different, the perimeter of the premises; * the location of the proposed treatment rooms * the location of escape routes from the premises; * fixed structures (including furniture) or similar objects temporarily in a fixed location (but not furniture) which may impact on the ability of individuals on the premises to use exits or escape routes without impediment; * in a case where the premises includes any steps, stairs, elevators or lifts, the location of steps, stairs, elevators or lifts; * in a case where the premises includes any room or rooms containing public conveniences, the location of the room or rooms; * the location and type of any fire safety and other safety equipment; and * the location of a kitchen, if any, on the premises.   **FREEHAND DRAWN PLANS WILL BE REJECTED** |  |
| C | A current valid passport or a driving licence with photo (If Applying as a individual) |  |
| D | Proof of residential address, this should be either a current Council Bill, utility bill or personal bank statement (If Applying as a individual) |  |
| E | Information on any un-spent criminal convictions of applicant (If Applying as a individual) |  |
| F | Relevant Fee (Payment link will be emailed to you when application is being processed) |  |

**I declare that I undertake to carry out the following requirements:**

* 1. **I have sent a copy of this application form to the below responsible authorities:**

|  |  |
| --- | --- |
| Islington Licensing Police  C/O London Borough of Islington  3rd Floor  222 Upper Street  London  N1 1XR | Fire Safety Regulations: North East Area 2  London Fire Brigade  169 Union Street  City Road  London  SE1 0LL |
| [**CNMailbox-.IslingtonPoliceLicensingTeam@met.police.uk**](mailto:CNMailbox-.IslingtonPoliceLicensingTeam@met.police.uk) | [**islingtongroup@london-fire.gov.uk**](mailto:islingtongroup@london-fire.gov.uk) |

1. **I have enclosed a copy of the plan of the premises**
2. **Only those licensable treatments named on the licence will be provided at the premises;**
3. **I have or I am in the process of obtaining the correct Planning and Building Control Authorisation.**
4. **The only persons I will employ to provide Licensable Special Treatment will be those registered by the Council and I will permit them only to give those treatments specified on their identification card and registration document;**
5. **The following documents will be kept on the premises and available for inspection by authorised officers;**

* **A current Periodic Inspection Report on the electrical installation;**
* **A certificate confirming examination of all fixed and portable electrical equipment in the last 12 months;**
* **Fire risk assessment**
* **Special Treatment Licence issued by the council**

1. **I am aware that the licence is subject to the standard conditions for Special Treatment premises along with any other specified additional conditions.**
2. **I am aware of the regulations of the authority concerning special treatments. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.**

**DECLARATION:**

The application must be signed by the applicant proposing to carry on the establishment. In the case of a company, the Managing Director or Company Secretary must sign.

I hereby declare that the particulars contained in this document are true to the best of my knowledge and belief.

|  |  |
| --- | --- |
| **Name (Block Capitals):** |  |
| **Position:** |  |
| **Dated:** |  |
| **Signature:** |  |

**Data Protection Act 2018 (DPA 2018) and the General Data Protection Regulation (GDPR).**

The information you provide may be disclosed to: other departments within Islington Council; the Police; other Local Authorities and Government Agencies only when and where necessary for the purposes of processing your application

We will always process your information in accordance with the law - for more information on the basis on which we process, use and store your information, please refer to the Council’s Privacy Policy - <https://www.islington.gov.uk/about-the-council/information-governance/data-protection/privacy-notice>.

**IMPORTANT NOTE:**

**THIS APPLICATION IS OPEN TO INSPECTION BY THE PUBLIC**