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

**SPECIAL TREATMENT PREMISES**

**APPLICATION FOR RENEWAL OF A SPECIAL TREATMENT PREMISIES LICENCE**

|  |  |  |
| --- | --- | --- |
| 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 a renewal of the annual special treatment licence for the premises named below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **1.** | Licence Number |  | | |
| Licence Holder |  | | |
| Premises Name |  | | |
| Address of the premises: |  | | |
| Postcode: |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
|  | | | | |
| **2** | How many persons registered by the Council to give special treatments do you intend to employ at the premises at any one time: | | |  |
|  | | | | |
| **3** | List the names of all Therapists employed at the premises at the time of application: | | | |
|  | **Name** | | **Registration Number** | |
| 1 |  | |  | |
| 2 |  | |  | |
| 3 |  | |  | |
| 4 |  | |  | |
| 5 |  | |  | |
| 6 |  | |  | |
| 7 |  | |  | |
| 8 |  | |  | |

**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. **Only those treatments named on the licence will be provided at the premises;**
2. **There have been no alterations to the sanitary, ventilation, lighting, heating, means of escape or fire fighting arrangements since the grant of the current licence (if alterations have taken place, please submit written details).**
3. **There have been no alterations to the premises layout and therefore no change to the premises plans.**
4. **The only persons I will employ to provide 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 in Block Capitals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**