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

**SPECIAL TREATMENT PREMISES**

**APPLICATION FOR VARIATION OF A SPECIAL TREATMENT PREMISIES 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 a variation of the annual special treatment licence for the premises named below:**

|  |
| --- |
| **Special Treatment Licensee** |

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| --- | --- | --- |
| **1.** | Licence Number |  |
| Licence Holder |  |
| Premises Name |  |
| Address of the premises: |  |
| Postcode: |  |
| Telephone Number |  |
| Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Details If Different To Above** | | | |
| **2.** | | First Name(s): |  |
| Surname: |  |
| Residential address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Telephone Number: |  |
| Email Address: |  |
|  | | | |
|  | Please state the nature of the proposed variation, if changing the premises layout please include new plan: | |  |
| If adding treatments please complete the additional treatments form. | | |

**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 |
| [**licensingpolice@islington.gov.uk**](mailto:licensingpolice@islington.gov.uk) | [**islingtongroup@london-fire.gov.uk**](mailto:islingtongroup@london-fire.gov.uk) |

1. **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;**
2. **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**

**ADDITIONAL SPECIAL TREATMENTS:**

To add additional treatments to the Special Treatments Premises Licence, please tick relevant treatments below and the request to vary your Licence will be reviewed.

**Note:**

**Treatments of a like kind can be added to your premises licence for a reduced variation fee of £48. To determine if you qualify for the reduced fee please contact the Licensing Team .**

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| **A.** | **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 (Low Risk)** | | | | |
| OUTER EAR/NOSE PIERCING | |  |  |  |

|  |  |  |  |  |
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| **B.** | **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 (High Risk)** | | | | |
| BEADING | |  | BODY PIERCING |  |
| BIO SKIN JETTING | |  | MICRODERMAL ANCHORS |  |
| **ELECTRIC (High Risk)** | | | | |
| 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 |  |