

**MASSAGE & SPECIAL TREATMENT**

I / We hereby apply to the Council of the London Borough of Croydon in pursuance of the provisions of the London Local Authorities Act 1991 and 2000, for the licensing of the following premises as an establishment for special treatment.

 **NEW**  **TRANSFER**

|  |  |
| --- | --- |
| **Current Premises Licence Number (if applicable)** | **………………………………………** |

Please complete all sections of the application form and send all supporting documents to Croydon Council for consideration, verification and consultation with the Fire Authority and Police.

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| **CROYDON COUNCIL**The Licensing Team Place Department 6th Floor, Zone ABernard Weatherill House 8 Mint Walk Croydon CR0 1EA02087605466licensing@croydon.gov.uk  | **FIRE AUTHORITY** Fire Safety Regulations SE Area 3 169 Union Street London SE1 0LL02085551200 ext 37630 | **POLICE** Licensing Sergeant Metropolitan Police Service Croydon Police Station71 Park Lane, Croydon, CR9 1BP0208 649 0167SNMailbox.licencingcroydon@met.police.uk |

**SECTION A**

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| --- |
| **BUSINESS PREMISES** |
| Trading Name |  |
| Address |  |
| Contact Name |  |
| Business Tel |  | Mobile |  |
| Email Address |  |
| Website Address |  |
| Premises Under Construction | YES / NO | Number of floors |  |
| Are Premises Commercial | YES / NO | Are Premises Residential | YES / NO |
| Are premises Shared | YES / NO | Are you renting a chair/space | YES / NO |
| If Shared, with who else |  |  No of Staff Members  |  |
| Agent Details (if applicable) |  |
| **MANAGEMENT OF PREMISES**  |
|  Contact Name |  |
| Business Tel |  |  Mobile |  |
| Email Address |  |
|  Opening Hours  |   |

**SECTION B**

**Please complete EITHER Section B or C**

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| **APPLICANT DETAILS** |
| Complete if you are a Sole Trader or Partnership(Delete as appropriate) |
| Contact Name |  |
| Home Address |  |
| Home Tel |  | Mobile |  |
| Email Address |  |
| Website Address |  |
| Date of Birth |  | Any Previous Applications | YES / NO |
| Leaseholder | YES / NO | Freeholder | YES / NO |
| Any previous convictions or disqualifications | YES / NO |

**SECTION C**

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| **COMPANY DETAILS** |
| Complete if you are an Organisation / Limited Company (Delete as appropriate) |
| Registered Company Name |  |
| Registered Company Address |  |
| Registered Company Number |  |
| Contact Name |  |
| Business Tel |  | Mobile |  |
| Email Address |  |
| Directors Name |  | Date of Birth |  |
| Private Address |
| If more than one Director, please use black sheet at the end of this application |

**SECTION D**

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| **ELECTRICAL TREATMENT DEVICES**Sunbeds, Lasers and other light or electrical devices used when offering a treatment |
| Name of Device | Treatment Used For | Serial Number |
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**SECTION E**

To be completed for EACH Therapist/Operative **(Not applicable to Tattooists/Piercers, complete Section F)**

Information provided forms part of the application and Croydon Council will consult with the Fire Authority, Health and Safety and Police on each application.

All operatives must submit qualifications in the treatment(s) they will be offering at the premises.

|  |  |
| --- | --- |
| Name |  |
| Home Address |
| Telephone Number |  | Date of Birth  |  |
| Special Treatment(s) | Qualification(s) | Level(s) Gained |
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| Detail any qualification courses you are currently enrolled on: |  |

# DECLARATION

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| --- | --- | --- |
| Name (Printed) | Signature | Date |
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**SECTION F**

To be completed for EACH Tattooist/Piercer **(Not applicable to Therapists/Operatives, complete Section E)**

Information provided forms part of the application and Croydon Council will consult with the Fire Authority, Health and Safety and Police on each application.

All tattooists/piercers must provide previous work experience or qualifications gained in the treatment(s) they will be offering at the premises.

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| --- | --- |
| Name |  |
| Home Address |
| Telephone Number |  | Date of Birth  |  |
| Special Treatment(s) Tattooing Piercing   Tattoo Removal  | Qualification(s) | Level(s) Gained |
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|  UK Previous Work Experience: ( please list the names and addresses of all previous studios worked  and the duration) |
| Premises Address | Duration |
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|  Any Overseas Work Experience: ( please list the names and addresses of all previous studios worked  and the duration) |
| Premises Address | Duration |
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# DECLARATION

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| --- | --- | --- |
| Name (Printed) | Signature | Date |
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| **SECTION G** **LIST OF SPECIAL TREATMENTS** (Please tick all treatments offered on premises) |
| **MASSAGE TREATMENTS** |
| AROMATHERAPY with MASSAGE |  | MYOFASCIAL RELEASE |  |
| ACUPRESSURE |  | NEUROSKELETAL REALIGNMENT |  |
| ANTHROPOSCPHICAL MEDICINE |  | NO HANDS MASSAGE |  |
| AYUREVEDIC MEDICINE |  | OSTEOMYOLOGY |  |
| BODY MASSAGE |  | OSTEOPATHY |  |
| BODY TALK |  | PHYSIOTHERAPY |  |
| BOWEN TECHNIQUE |  | POLARITY THERAPY |  |
| CHIROPRACTIC |  | QI GONG |  |
| EMOTIONAL FREEDOM TECHNIQUE (EFT) |  | REIKI with massage |  |
| FAIRBANE METHOD / TANGENT METHOD |  | REFLEXOLOGY |  |
| FOOT MASSAGE |  | REMEDIAL MASSAGE |  |
| FREEWAY - CER |  | ROLFING |  |
| GRINBERG METHOD |  | ROLL SHAPER |  |
| GYRATORY MASSAGE |  | SHIATSU |  |
| HOLISTIC MASSAGE |  | SPORTS / REMEDIAL MASSAGE |  |
| HOPI EAR CANDLES (with massage)  |  | STONE THERAPY |  |
| HOT AIR MASSAGE |  | SWEDISH MASSAGE |  |
| INDIAN HEAD MASSAGE (Champissage) |  | TAPAS ACUPRESSURE TECHNIQUE (TAT) |  |
| KEN EYERMAN TECHNIQUE |  | THAI MASSAGE |  |
| MANUAL LYMPTHATIC DRAINAGE |  | THERAPUETIC / HOLISTIC MASSAGE |  |
| MARMA THERAPY |  | THERMO AURICULAR with massage |  |
| MERIDIAN THERAPIES (EFT, TAT, Freeway - CER) |  | THRICHOLOGY with massage |  |
| META AROMATHERAPY |  | TUI - NA |  |
| METAMORPHIC TECHNIQUE |  | FACIALS |  |
| MICRODERMABRASION with massage |  |  |
| **ELECTRICAL TREATMENTS**  |
| ELECTROLYSIS (Hair Removal) |  | MICRO CURRENT THERAPY  |  |
| ELECTROLYSIS - ADVANCED (Moles, Warts, Tags) |  | MESOTHERAPY without needles |  |
| ENDERMOLOGIE |  | NON SURGICAL FACE LIFTS  |  |
| FARADISM |  | RADIO FREQUENCY |  |
| FOOT DETOX |  | SCENAR THERAPY |  |
| GALVANISM |  | THERMA VEIN |  |
| HIGH FREQUENCY |  | ULTRA SONIC |  |
| KIRILIAN PHOTOGRAPHY |  | FACIAL STEAMERS |  |
| **LASER / LIGHT TREATMENTS**  |
| COLOUR THERAPY (Chroma Therapy) |  | LUMI LIFT / LUMI FACIALS |  |
| INFRA RED |  | MICRODERMABRASION (with lasers) |  |
| LASER / INTENSE PULSE LIGHT |  | ULTRA VIOLET TANNING |  |
| LIPO LASER |  |  |

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| **ACUPUNCTURE TREATMENTS** |
| ACUPUNCTURE |  | NAET (Nambudripad Allergy Elimination Technique) |  |
| AURICULAR ACUPUNCTURE |  | MOXIBUSTION with acupuncture |  |
| **NAIL TREATMENTS** |
| MANICURE |  | NAIL EXTENSIONS (Using electric files) |  |
| NAIL EXTENSIONS |  | PEDICURE  |  |
| **TATTOOING** |
| MICROBLADING |  | TATTOO REMOVAL (Tattoo) |  |
| MICROPIGMENTATION (semi-permanent makeup) |  | TATTOOING |  |
| SEMI PERMANENT MAKEUP  |  | TEMPTOOING |  |
| **FOOT TREATMENTS** |
| CHIROPODY & PODIATRY |  | MESOTHERAPY |  |
| **COSMETIC / SKIN PIERCING TREATMENTS** |
| BEADING |  | FACIAL PIERCING |  |
| BIO SKIN JETTING |  | KOREAN HAND THERAPY |  |
| BODY PIERCING |  | MICRO DERMAL ANCHORS |  |
| DERMAL ANCHORS (see Micro-dermal Anchors) |  | MOXIBUSTION |  |
| DRY NEEDLING |  | NOSE PIERCING (Nostril only) |  |
| EAR PIERCING (Lobe Only) |  |  |
| **SAUNA / VAPOUR / BATH TREATMENTS** |
| CRYOSAUNA |  | OXYGEN THERAPY (Oxygen Bars only) |  |
| DETOX BOX  |  | OZONE SAUNA |  |
| FISH THERAPY |  | SAUNA |  |
| FLOTATION TANK |  | SPA |  |
| HALOTHERAPY / SPELIOTHERAPY |  | STEAM ROOM / BATH |  |
| HYDROTHERAPY |  | THALASSATHERAPY |  |
| INFRA RED SAUNA (see Detox Box) |  |  |

**SECTION H**

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| **CHECKLIST – MANDATORY REQUIREMENTS**Please provide copies of the items listed below with your **NEW & RENEWAL** application form.  |
| Application Form |  | Public Liability Insurance\* |  |
| Application Fee |  | All Operative(s) Qualification Certificates\* |  |
| All Operative(s) Passport size Photographs  |  | Application Sent to Fire Service |  |
| Application Sent to Police |  |  |
| Has there been any changes to the floor plan since the last application. If so, please could you send an updated plan of the premises.  |  |

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| **CHECKLIST – OTHER MANDATORY REQUIREMENTS** Please provide copies of the items listed below with your **NEW** application form.  |
| Floor Plans |  | Customer Vetting Card |  |
| Treatment Price List |  | Gas Certificate |  |
| Trade Waste Agreement\* |  | Clinical Waste Contract\* |  |
| PAT Certificate\* |  | Fixed Wiring Certificate |  |
| Copy Lease/Freehold |  | Fire Risk Assessment\* |  |
| Fire Alarm Method/Certificate |  | Fire Extinguisher Certificate\* |  |
| Emergency Lighting Certificate |  |  |

**\*If above documents are still in date upon renewal, please indicate the expiry date of each.**

**SECTION I**

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| **DECLARATION**I/We hereby declare that the particulars given below are true to the best of my/our knowledge and belief. |
| Fee Paid | YES / NO | Application is true | YES / NO |
| Supporting documents true | YES / NO | I have read the Privacy Notice  | YES / NO |

 **I can confirm that I have read and will adhere to the special treatment licensing conditions (please see website)**

|  |  |  |
| --- | --- | --- |
| Applicant(s) Name (Printed) | Applicant Signature | Date |
|  |  |  |



Endorsement of Passport Photo

Please read the following instructions

1. Obtain x2 passport size photographs (on a light/white background) for all special treatment operative/therapist/tattooist/piercer.

2. The back of one of the photographs must be endorsed with the words

'I hereby certify that this is a true likeness of (your name)' and signed by a solicitor, notary, or a person of standing in the community or any individual with a professional qualification. A person of standing in the community includes a bank or building society official, officer of the police, a civil servant or a minister of religion. Please see overleaf for list.

3. Staple both photographs in the spaces provided below

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4. Ask the person who endorsed the photograph to complete the boxes below.

|  |  |
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| Full name of applicant in the above photograph |  |
| Current address of applicant in the above photograph (known to you) |  |
| Name of person who has endorsed the back of the above photographs |  |
| Address of person who has endorsed the back of the above photographs |   |
| Contact telephone number / email address of person endorsing photographs |  |
| How long has the applicant been known to you. |  |

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| **It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement. To do so could result in prosecution and a fine not exceeding level 5 on the standard scale.**Signature of person endorsing photographs ............................................................Date ........................................................ |

**List of Approved Signatories**

|  |  |  |  |
| --- | --- | --- | --- |
| Accountant (Chartered) |  | Member of Parliament |  |
| Company Secretary of a Limited Company |  | Merchant Navy Officer |  |
| Assurance Manager/Superintendent of Recognised Company |  | Minister of a recognised religion |  |
| Bank Manager/Building Society Officer  |  | Nurse (SRN and SEN) |  |
| Barrister |  | Officer of armed services (Active/Retired) |  |
| Broker (Registered) |  | Optician (Registered) |  |
| Chairman/Director of a Limited Company |  | Person with Honours (e.g. OBE, MBE etc) |  |
| Chemist (Registered) |  | Photographer (Professional) |  |
| Chiropodist (Registered) |  | Officer of Police (Inspector/Chief) |  |
| Commissioner of Oaths (Solicitor/Notary Public) |  | Post Office Master/ Mistress |  |
| Councillor: Local or County |  | President or Secretary of a recognised charity/country club |  |
| Dentist (Registered) |  | Salvation Army Officer |  |
| Engineer (with professional qualifications / Member of a chartered institute) |  | Social Worker |  |
| Fire Service Officer (or a higher rank) |  | Solicitor |  |
| Funeral Director |  | Surveyor (Chartered Institute) |  |
| Insurance Manager of a recognised Company |  | Teacher/ Lecturer (School/College/Uni) |  |
| Justice of the Peace |  | Trade Union Officer |  |
| Legal Secretary |  | Travel Agency (Qualified) |  |
| Civil Servant (permanent position) |  | Valuers and Auctioneers |  |
| HR Manager (of a limited Company) |  | Warrant Officers/ Chief Petty Officers |  |

**Or person(s) of a similar standing to the above, working or retired, are acceptable as**

**signatories. Relatives or partners of applicant are not acceptable**

**TRANSFER CONSENT FORM**

|  |  |
| --- | --- |
|   | **BUSINESS PREMISES**  |
| Trading Name   |   |
| Address   |   |
| Contact Name   |   |
| Business Tel   |   | Mobile   |   |
| Email Address   |   |

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| --- |
| **DECLARATION** I/We hereby declare that I/we hold no further interest at these premises and consent is being given for the licence to be transferred.   |
| Date of transfer   |   | Application is true   | YES / NO  |

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| --- | --- | --- |
| Name(s) (Printed)  | Signature(s)  | Date   |
|    |   |   |
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**EXEMPTION REGISTRATION**

If more than one therapist / operative is exempt, please print more copies of this section. Evidence of the exemption is required to be sent to the Council to verify this registration.

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| Trading Name   |   |  |
| Address   |   |  |
| Contact Name   |   |  |
| Business Tel   |   | Mobile   |   |
| Email Address   |   |  |
| Website Address   |   |  |
| Premises Under Construction   | YES / NO  | Number of floors   |   |
| Are Premises Commercial   | YES / NO  | Are Premises Residential  |  YES / NO  |
| Are premises Shared  | YES / NO  | Are you renting a chair/space   | YES / NO  |
| If Shared, with who else   |   |  |
| Exempt Organisation   |   |  |
| Member Number   |   |  |
| Treatment(s) being offered on premises  |     |  |
| Treatment(s) covered under exemption   |   |  |
| Exempt From Date   |   | Exempt To Date  |   |

|  |
| --- |
| **DECLARATION** I/We hereby declare that the particulars given below are true to the best of my/our knowledge and belief.   |
| Application is true  | YES / NO  | Supporting documents true   | YES / NO  |

|  |  |  |
| --- | --- | --- |
| Applicant Name (Printed)  | Applicant Signature  | Date   |
|    |   |   |

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For more details about how your information is going to be handled, please go to the Licensing Privacy Notice online at [https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-](https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-notices/licensing-service-privacy-notice) [notices/licensing-service-privacy-notice](https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-notices/licensing-service-privacy-notice)

# If you require any assistance with the completion of this form please contact the Licensing Team on 0208 760 5466