Application for the VARIATION of a special treatment establishment licence
London Local Authorities Act 1991 (as amended)

Please read the following instructions first

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You must answer all questions on this application form. A failure to provide answers all relevant questions will result in your application being deemed incomplete and returned to you. No licence will be granted until the London Borough of Camden is satisfied that the information provided on this application is accurate.

You may wish to keep a copy of the completed form for your records.

Please send your completed application form to:

Customer Support Team
Planning and Public Protection Division
London Borough of Camden
5th Floor Town Hall Extension
Argyle Street
London
WC1H 8EQ

If you have any queries or require assistance completing this application, please telephone the Customer Support Team on 020 7974 5613, or e-mail ppp@camden.gov.uk

All cheques should be made payable to the London Borough of Camden.

Please note: Evidence of any statements made in this application with regard to the premises concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, enforcement action may be taken and you could be fined up to £2500.

For office use
Date received:

Receipt number:

Reference number: Please turn over to begin application
### Part one: details of the licensed premises

<table>
<thead>
<tr>
<th>Premises name</th>
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<td>Postal address of premises to be licensed</td>
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<th>Post Town</th>
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<tr>
<td>E-mail address</td>
<td>Telephone number</td>
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### Part two: license holder details

1. **Individual**

   | Name: |  |
   | Address: |  |
   | Post code: |  |
   | Telephone: |  |
   | Email: |  |

2. **Company/Partnership**

   | Name: |  |
   | Address: |  |
   | Post code: |  |
   | Telephone: |  |
   | Email: |  |
   | Company number: | (as listed with Companies House) |  |
   | Company Secretary: |  |
   | Company Directors: |  |
Part three: if you are intending to vary the opening times from those listed on your current license, please state your new proposed opening and closing hours, for e.g. 0900 hrs. If the premises does not open on a certain day please state ‘closed’.

If the opening times are not changing, please leave this section blank.

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Part four: if you have made any changes to the layout of your premises, you must provide us with scale plans (scale 1:50) which clearly show the new layout of the premises. These plans must include all areas of the premises used for treatments.

Please also provide a brief description of the changes in the box below.

Part five: additional treatments

If it is your intention to provide additional treatments to those listed on your current license, please indicate these on the next page.
Current list of licensable special treatments. Please tick all those you propose to offer.

| 1 | Acupressure | □ | 29 | Halotherapy / Speliotherapy | □ | 57 | Pedicure | □ |
| 2 | Acupuncture | □ | 30 | High frequency | □ | 58 | Physiotherapy | □ |
| 3 | Anthroposophical medicine | □ | 31 | Holistic massage | □ | 59 | Polarity therapy | □ |
| 4 | Aromatherapy | □ | 32 | Hot air massage | □ | 60 | Qi gong | □ |
| 5 | Ayurvedic medicine | □ | 33 | Hydrotherapy | □ | 61 | Reflexology | □ |
| 6 | Beading | □ | 34 | Infra red | □ | 62 | Scenar therapy | □ |
| 7 | Bio skin jetting | □ | 35 | Ken eyerman Technique | □ | 63 | Sclerotherapy | □ |
| 8 | Body massage | □ | 36 | Kirilian photography | □ | 64 | Shiatsu | □ |
| 9 | Body piercing | □ | 37 | Korean hand therapy | □ | 65 | Spa | □ |
| 10 | Bowen technique | □ | 38 | Intense pulse light (IPL) | □ | 66 | Sports / Remedial massage | □ |
| 11 | Champissage (Indian head massage) | □ | 39 | Lumi lift / Lumi facials | □ | 67 | Steam room / bath | □ |
| 12 | Chiropody / podiatry | □ | 40 | Manicures | □ | 68 | Stone therapy | □ |
| 13 | Chiropractic | □ | 41 | Manual lymphatic drainage | □ | 69 | (TAT) Tapas Acupressure technique | □ |
| 14 | Colour therapy | □ | 42 | Marma therapy | □ | 70 | Tattoo removal | □ |
| 15 | Detox box | □ | 43 | Meta Aromatherapy | □ | 71 | Tattooing | □ |
| 16 | Electrolysis (hair removal) | □ | 44 | Metamorphic technique | □ | 72 | Temptooing | □ |
| 17 | Advanced electrolysis (moles, warts, skin tags) | □ | 45 | Micro current therapy (non surgical face lifts) | □ | 73 | Thai massage | □ |
| 18 | (EFT) emotional Freedom technique | □ | 46 | Microdermal anchors | □ | 74 | Thalassatherapy | □ |
| 19 | Endermologie | □ | 47 | Micropigmentation (semi-permanent make up) | □ | 75 | Therapeutic / Holistic massage | □ |
| 20 | Endermologie | □ | 48 | Moxibustion | □ | 76 | Tui–na | □ |
| 21 | Fairbane method / Tangent method | □ | 49 | N.A.E.T (Namripad Allergy Elimination Technique) | □ | 77 | Ultra sonic | □ |
| 22 | Faradism | □ | 50 | Nail extensions | □ | 78 | Ultra violet tanning | □ |
| 23 | Floatation tank | □ | 51 | No hands massage | □ | 79 | Class 3B lasers | □ |
| 24 | Foot detox | □ | 52 | Osteomyology | □ | 80 | Class 4 lasers | □ |
| 25 | Freeway - CER | □ | 53 | Osteopathy | □ | | | |
| 26 | Galvanism | □ | 54 | Oxygen Therapy – (oxygen bars only) | □ | | | |
| 27 | Grinberg method | □ | 55 | Rolfing | □ | | | |
| 28 | Gyratory massage | □ | 56 | Sauna | □ | | | |
**Part six: signature of applicant**

Please provide a signature of proposed licence holder, or duly authorised person to sign on behalf of the proposed licence holder. If signing on behalf of the proposed licence holder, please state in what capacity you are signing (i.e. solicitor, authorised agent etc).

By signing here the proposed licence holder acknowledges that they have received a copy of the standard conditions applicable to a special treatment establishment licence within the London Borough of Camden, and declare that the information given within this application form, to the best of their knowledge, is true and complete in every respect. They agree to abide by these conditions in the event of the application for a special treatment establishment licence being successful.

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**Part seven: other things that you must do for your application to be considered**

As well as completing this application, you must provide certain other information for your application to be considered. These are:

| Floor plans of the premises to be licensed (if changes to the layout have been made) | In order for your application to be considered you must provide us with a clear, up-to-date scale plan (scale 1:50) of the premises. This should show  
- The layout of the premises, including all external and internal walls  
- All rooms used for treatments. These should be clearly labelled to identify which treatments are carried in which room.  
- The provision of ventilation, fans, wash hand basins, sinks, sterilisation areas, WCs, etc within the premises  
- The fire exits and escape routes  
- The provision of any emergency lighting, fire alarm system installed at the premises  
- The location of any windows and stairs  
- The location of all entrance/exit doors |

**Fee**

Please ensure that you have enclosed the correct fee with your application.

A list of fees has been included with this application form and is also available by visiting [www.camden.gov.uk](http://www.camden.gov.uk) or contacting the Customer Support Team on 020 7974 5613, or e-mail ppp@camden.gov.uk

**Part eight: checklist**

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<td>The application form has been fully completed, signed, and dated</td>
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<td>2</td>
<td>I have enclosed the required fee for the licence for the premises</td>
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<td>All cheques should be made payable to the London Borough of Camden</td>
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<td>I have enclosed scale plans of the premises (if applicable)</td>
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**Part nine: data protection**

The information on this application will be used by the London Borough of Camden for the purposes of Special Treatment Licensing and related purposes. The application form may be examined on request by a member of the public. This information may be disclosed to the police, fire authority, and other Council Departments.
Part ten: personal approval of therapist

Therapists who provide special treatments at licensed premises must be approved by the Local Authority. We will only approve people that are appropriately qualified and experienced, and checks are made to ensure that every qualification certificate received is authentic. Qualifications printed in a language other than English must be translated by an authorised person.

Once approved, the therapist will be able to work at any premises within the borough, providing that establishment has been granted a licence for the treatment the therapist carries out.

Application forms for therapist Personal Approval can be obtained by contacting the Customer Support Team on 020 7974 5613, or e-mail ppp@camden.gov.uk