

London Local Authorities Act 1991

Application for the GRANT of a Special Treatment Licence

Licensing Team, Royal Borough of Kensington and Chelsea - please visit our website www.rbkc.gov.uk for our current postal address or contact us on Telephone: 020 7341 5152 email: licensing@rbkc.gov.uk



THE ROYAL BOROUGH OF
**KENSINGTON
AND CHELSEA**

Please ensure that your answers are typed in black. Some text boxes may have a limit on the number of characters. Where necessary please use additional sheets and upload them with your form.

ALL FIELDS MARKED IN RED ARE MANDATORY AND MUST BE COMPLETED.

Before submitting your application please save a copy to your desk top. Please ensure that you provide a valid email address.

I/we hereby apply for a licence to operate a Special Treatment Premises at

1	Premises Address	
	Trading Name	
	Full Address	
	Telephone No	
	Main contact details at the premises (if any)	
	Name	
	Contact Number	
	Email address	

2	Please state the capacity in which you are applying	
	Individual or Individuals	<input type="checkbox"/> please complete (Section 3)
	A company	<input type="checkbox"/> please complete (Section 4)

3	To be completed ONLY if you are applying as an individual(s)	
	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Surname	
	Forenames	
	Full Home address	
	Contact Details	
	Daytime	
	Mobile (Optional)	
	Email address	

3	Cont. Additional individual applicant	
	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Surname	
	Forenames	
	Full Home address	
	Contact Details	
	Daytime	
	Mobile (Optional)	
	Email address	

4	To be completed ONLY if you are applying as a Company	
	Company Name Full address	
	Company Number	
	Description of company <i>i.e limited or partnership</i>	
	Telephone Number	
	E-mail	

5	Please tick each of the special treatments that you offer at your premises (Please note: we require the actual description of treatment that you wish to provide, rather than the product or brand name of the treatment).							
ST1	Acupuncture	<input type="checkbox"/>	ST13	Indian Head Massage	<input type="checkbox"/>	ST26	Sports Massage	<input type="checkbox"/>
ST2	Aromatherapy	<input type="checkbox"/>	ST14	Infrared	<input type="checkbox"/>	ST27	Steam Room/Sauna	<input type="checkbox"/>
ST2A	Aromatherapy Massage	<input type="checkbox"/>	ST15	Ionithermie	<input type="checkbox"/>	ST28	Sunbeds	<input type="checkbox"/>
ST3	Body Piercing	<input type="checkbox"/>	ST16	Manicure/Pedicure	<input type="checkbox"/>	ST29	Tanning Booth	<input type="checkbox"/>
ST4	Body Wraps	<input type="checkbox"/>	ST17	Massage	<input type="checkbox"/>	ST30	Tattooing	<input type="checkbox"/>
ST5	Cathiodermie	<input type="checkbox"/>	ST18	Micro-current Therapy	<input type="checkbox"/>	ST31	Ultrasound	<input type="checkbox"/>
ST6	Colonic Therapy	<input type="checkbox"/>	ST19	Nose Piercing	<input type="checkbox"/>	ST32	Waxing	<input type="checkbox"/>
ST7	Ear Piercing	<input type="checkbox"/>	ST20	Nail Extensions	<input type="checkbox"/>	ST33	Laser <i>(Please list treatments below)</i>	<input type="checkbox"/>
ST8	Electrolysis	<input type="checkbox"/>	ST21			ST34	I.P.L	<input type="checkbox"/>
ST9	Eyelash/brow tint	<input type="checkbox"/>	ST22	Reflexology	<input type="checkbox"/>	ST35	Microdermabrasion	<input type="checkbox"/>
ST10	Facials	<input type="checkbox"/>	ST23	Semi-permanent Makeup	<input type="checkbox"/>	ST36	Radio Frequency	<input type="checkbox"/>
ST11	Faradic	<input type="checkbox"/>	ST24	Shiatsu	<input type="checkbox"/>	ST00	Micro-needling (needle should not exceed 1.5mm)	<input type="checkbox"/>
ST12	Galvanic	<input type="checkbox"/>	ST25	Spa Bath	<input type="checkbox"/>			

6	Please specify any other treatments not listed above, including the type of laser treatments.

7	What are your proposed hours of opening?						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

8	What is the lawful Planning use of the premises (Please submit documents to support your planning approval see rule 5)	
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9	What is, or will be the applicant's interest in the premises (i.e. lessee, tenant, etc.) A copy of the agreement to occupy (i.e. lease/tenant agreement) must be submitted with the application form (See rule 4)	
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10	<p>Has the applicant(s) or if the applicant is a limited company, has any director, or any person concerned in the conduct or management of the premises ever been convicted of an offence?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If Yes, please provide details of the offence, the date of conviction, and the sentence on a separate sheet. — (<i>spent convictions do not need to be declared</i>)</p>
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11	<p>Please give details of the layout of the premises detailing where the treatments will be given.</p>	
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12	<p>Number of treatment rooms including manicure/pedicure areas, saunas, stream rooms, tanning booth, etc</p>	
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13	<p>If you have clinical waste, please give the name, address, and telephone number of the disposal company</p>		
	Company	Address	Telephone

CHECK LIST

- A. I have enclosed the required fee for the licence for the premises, including the supplement for each additional treatment room/area.
- B. The application form has been fully completed, signed, and dated.
- C. I have enclosed the form indicating that the notice of application is properly displayed at the premises
- D. I have enclosed the recorded delivery slips notifying the Metropolitan Police and London Fire and Emergency Planning Authority of the application. (postal applications only)
- E. I have enclosed a current price list of the treatments on offer at the premises.
- F. I have enclosed documentary evidence that planning permission has been obtained for the use and hours sought.
- G. I have enclosed a copy of the lease/tenant agreement
- H. I have enclosed scale plans of the premises, indicating the escape routes the provision of emergency lighting, fire alarm system, ventilation, exit signs, and general lighting.

14	SIGNATURES Signature of applicant, or applicant's solicitor, or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity
I declare that the information contained in this form is correct to the best of my knowledge and belief. (it may be offence under the Fraud Act 2006 to make a false declaration or fail to disclose information in order to gain a licence)	
Signature	
Capacity	
Date	
Address to be used for correspondence	
City/Town	Post Code
Email address	

Data Protection: This information will be used by the Royal Borough of Kensington and Chelsea 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; to comply with financial regulations, details of licence holders are also disclosed to the Inland Revenue.

Now save your form and upload here