

## 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 email your completed application and supporting document to [licensing@camden.gov.uk](mailto:licensing@camden.gov.uk)

Licensing Team Public Protection  
London Borough of Camden  
8th Floor 5 Pancras Square  
London  
N1C 4AG

If you have any queries or require assistance completing this application please e-mail [licensing@camden.gov.uk](mailto:licensing@camden.gov.uk)

Payment: The applicant must provide a telephone number, we will then call to collect the application fee over the phone.

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

Premises name			
Postal address of premises to be licensed			
Post Town		Postcode	
E-mail address		Telephone number	

### 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.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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

### 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.

Signature		
Date		
Correspondence details	Address:	
	Post code:	
	Telephone number:	
	Email address:	
Capacity in which signing		

## 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:

<p>Floor plans of the premises to be licensed (if changes to the layout have been made)</p>	<p>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</p> <ul style="list-style-type: none"> <li>• The layout of the premises, including all external and internal walls</li> <li>• All rooms used for treatments. These should be clearly labelled to identify which treatments are carried in which room.</li> <li>• The provision of ventilation, fans, wash hand basins, sinks, sterilisation areas, WCs, etc within the premises</li> <li>• The fire exits and escape routes</li> <li>• The provision of any emergency lighting, fire alarm system installed at the premises</li> <li>• The location of any windows and stairs</li> <li>• The location of all entrance/exit doors</li> </ul>
<p>Fee</p>	<p>Please ensure that you have provided the correct contact details for the fee.</p> <p>A list of fees has been included with this application form and is also available by visiting <a href="http://www.camden.gov.uk">www.camden.gov.uk</a> or contacting the Customer Support Team on 020 7974 4444, or e-mail <a href="mailto:licensing@camden.gov.uk">licensing@camden.gov.uk</a></p>

## Part eight: checklist

1	The application form has been fully completed, signed, and dated	<input type="checkbox"/>
2	I have provided contact details to be contacted for the fee required	<input type="checkbox"/>
3	I have enclosed scale plans of the premises (if applicable)	<input type="checkbox"/>

## 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.