**APPLICATION TO RENEW A MASSAGE AND SPECIAL TREATMENT ESTABLISHMENT LICENCE**

**LONDON LOCAL AUTHORITIES ACT 1991 Part II**

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| **With effect from the 1st April 2021 changes have been made to the Special Treatment Licensing processes and procedures. This includes changes to standard conditions, regulations governing applications and to the way fees are calculated. You must read the accompanying documents carefully before completing this application form.**Please complete **ALL PARTS OF THIS FORM** and send it to the address shown at the end of this document. You must also pay the required fee.**Please provide details of the licensable treatments** you wish to provide at your premises (whether or not you wish to add or removing treatments)**If you have made changes to the layout of your premises or you wish to amend a licence condition** please complete a variation application form and send it to us together with this renewal application form. You will not need to pay a separate variation fee. **If you have changed your name and/or address**, please complete a transfer application form and send it to us together with this renewal application. You will not have to pay a separate fee.**If you have a manager** for your premises please provide details.**Plan of premises** – if your existing licence does not include a plan of the premises or if the plan no longer reflects the layout, please provide a plan of the premises. For more information, please see the note at the end of this form. |

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| **I wish to apply for the renewal of the current licence(s) held for:** |
| **Trading name of premises**      |
| **Address of premises** (if only using part of a premises, e.g. the ground floor, please give details)       |
| **Email address**      |
| **Telephone number**       |
| **Contact telephone number/email for this application**      |
| **BoroughMerton/Richmond/Wandsworth** (Please delete as appropriate) |

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| **Licence holder details:** |
| **Name of licence holder**      |
| **Address for correspondence**      |
| **Email address**      |
| **Telephone number**      |
| **In the case of a limited company/incorporated body, please provide the company registration number** |

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| **Treatments to be given. To be completed by all applicants** |

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| Please state all treatments that you will be giving under the headings provided. You will only be licensed for the treatments you state in this section (See guidance notes 2 and 8). The number of treatments you list does not effect the licence fee, but the group does (see guidance note 9) |
| **High Risk Treatments (please tick)** |
| **Body piercing (Group 1)** | **Laser (Group 1)** |
| Piercing of body/face/genital. Ear and nose (excluding lobes) |  | Intense pulsed light |  |
| Beading |  | Laser |  |
| Micro-dermal anchor |  | Tattoo removal (laser) |  |
| **Tattooing (Group 1)** |  |
| Micro blading |  |
| Micropigmentation (semi-permanent makeup) |  |
| Tattooing |  |
| Any other treatments similar to the above (please state) |

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| **Medium Risk Treatments (please tick)** |
| **Skin piercing (Group 2)** | **Electrical and light treatments (Group 4) contd.** |
| Acupuncture |  | Ultra violet tanning (Sunbed) |  |
| Dry needling |  | Electrolysis – hair removal |  |
| Electrolysis – wart/skin tag removal |  | Faradism (e.g. Arasys, Slendertone)  |  |
| Red vein Treatment |  | Galvanism  |  |
| **Massage Treatments (Group 3)** | High Frequency |  |
| Acupressure |  | Micro current therapy |  |
| Aromatherapy (if with massage) |  | Lipolaser |  |
| Ayurvedic Medicine |  | Radio frequency |  |
| Body massage |  | Therma vein |  |
| Bowen technique |  | Ultrasound  |  |
| Indian head massage |  | **Nail treatments (acrylic) (Group 5)** |
| Facial with massage |  | Nail Extensions |  |
| Foot massage |  | **Nail treatments (other) (Group 6)** |
| Manual lymphatic drainage |  | Manicure |  |
| Reflexology |  | Pedicure |  |
| Reiki (if with massage) |  | **Bath/Vapour (Group 7)** |
| Shiatsu |  | Sauna |  |
| Sports massage |  | Spa pool |  |
| Stone therapy |  | Steam room/bath |  |
| Thai massage |  | Hydrotherapy |  |
| Trichology (if with massage) |  | Floatation tank |  |
| Other massage (please give details below) |  |  |
| **Electrical and light treatments (Group 4)** |
| Infra red |  |
| Lumi lift/lumi facial |  |
| Any other treatments similar to the above (please state) |

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| **Low Risk Treatments (please tick) (Group 8)** |
| Ear lobe piercing  |  |  |
| Nostril piercing  |  |

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| **Manager details** |
| **Name of manager** |
| **To be completed only if the manager has changed in the last twelve months** |

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| Title: Mr Mrs Miss Ms Other title |
| **Surname** | **First name(s)** |
| **Date of birth** | **Place of birth** |
| **Home Address** |
| **Telephone number** | **Email** **address** |
| **Please give details of the manager’s experience and any membership of professional bodies** |

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| **Declarations:** |
| **I am not seeking any variation to the existing licence, except as shown and declare there are NO changes to the following:** (please tick the boxes)1. Current licence holder(s) [ ]  2. Address of licence holder(s) [ ]  3. Part(s) of the premises to be used or alterations to the layout or plan of the premises [ ]   |
| **Signature** |
| The form must be signed by the licence holder. In the case of a partnership, all parties must sign. In the case of a limited company, the Managing Director or Company Secretary must sign. In all cases the application may be signed by a solicitor acting for the applicant. |
| **I/we declare that the particulars given in this application are true in every respect (please use an additional piece of paper if the licence is held by more than one person)** |
| **Signature:**  | **Print Name:**  |
| **Date:**  | **Position in organisation:**  |

**Please note that your application will not be processed until payment has been received.**

**Personal Information Policy**

The Council will use your details, the information about your dealings with the Council and the information about you available to the Council (“your information”) to:

* Deal with your requests and administer its departmental functions in the processing of your application.
* Meet its statutory obligations.
* Prevent and detect fraud.
* Conduct surveys and research.

The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other departments within the Council (including the elected members), Central Government Departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.

**Completed applications should be returned to the Licensing Section, Regulatory Services Partnership, Merton Civic Centre, London Road, Surrey SM4 5DX.**

Alternatively you can send a scanned PDF copy of your application to **licensing@merton.gov.uk****.**

**Details of the fee payable can be found in the covering letter or on the Council’s website**

The following **Payment Options** are available:

🕿 **Telephone**: Debit and Credit Card payments can be made by ringing (020) 8545 3969/3025.

Alternatively, if you wish the Council to contact you to take payment please give clear telephone contact details on the top of this form or in a covering letter. We will then contact you once we have received your form.

Please note any statutory consultation periods will not commence until the application is complete, including receipt of payment. It is your responsibility to contact us if you have not been requested to make the payment after submitting an application in this way.

**Do not send cash with applications. You are advised to check that your application has been received if you have not heard from us within 4 weeks of sending. No liability can be accepted by the Council for any loss/non receipt of applications.**

**Notes**

**Plans**

In the case of all new applications or where alterations have been made to the premises prior to or during renewal or where a variation to the layout of the premises is sought submit a plan of the premises. The information contained in the plan must be clear and legible in all material respects and must show the extent of the boundary of the building, including any external and internal walls; all entry and exit points; the location of the areas where special treatments are to be provided; the location of all toilets; the location of all washing facilities. The Council recommends that all plans be drawn to a scale of 1:50 on a single sheet of A4 or A3 paper. Circumstances where an alternative scale may be acceptable could include where the size of the premises makes it impracticable for the premises to be adequately shown on a single sheet of A4 or A3 paper. **An application will not be accepted if a plan is not included.**

**What treatments are you intending to give**

The Council has decided to group licensable treatments into 8 categories and these will generally be specified on your licence when issued, rather than the specific treatments that you wish to carry out. However, in some cases it will be necessary to specify the particular treatment. The groups are:
Group 1 - tattooing including micro pigmentation (semi – permanent makeup), cosmetic piercing (except ear and nose piercing -lobe only), laser/intense pulse light treatments;

Group 2 – other treatments involving the breaking of skin (e.g. acupuncture, red vein treatment, wart or skin tag removal by electrolysis);

Group 3- massage treatments (including aromatherapy, reflexology)

Group 4 - electrical and light (including hair removal by electrolysis,
galvanic/faradic treatments)

Group 5 – nail treatments (acrylic)

Group 6 - nail treatments (non acrylic) (e.g. manicure/pedicure)

Group 7 – bath/vapour (e.g. sauna, steam, spa –pools)
Group 8- ear piercing (lobe only) and nose piercing (nostril only)

Where possible please tick the appropriate box.. However, if the treatment you intend to provide is not included on the list and you are not sure if they require a licence then please add them into an ‘other’ box and we will establish whether they require a licence and, if so, the correct category that they fall under.

**Licence Fees**

Fees are based on the level of risk from the treatments, and therefore the level of control required by the Council. The fee is based on the highest risk treatment that is to be given, e.g. even if only one treatment out of many is group 1 then the fee will be for group 1. The number of treatment groups to be licensed makes no difference to the licence fee.

The fees are split into two. The first relates to the application procedure and must be received before your application is processed. **Please note that if your application cannot be processed, for example because you do not have the necessary planning permission, or if your application is refused this fee will not be refunded.**

The second element of the fee relates to the Council’s enforcement function. This does not need to be paid at the time of your initial application. If your application is approved you will be required to pay this part of the fee. You will not receive your licence until it is paid. If you send the full fee at the time of application and your application is not successful or cannot be processed the second part of the fee will be returned to you.

The fees can be found on the Council’s website.