

Fee Received £
Receipt No.
Date Acknowledged
Officer



Before completing this form please read the guidance notes "Information for Applicants". 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 or typed in **black ink**. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/ we apply for a licence for the premises named at item 2 below.

Are you applying for a New application ☐ Renewal Application ☐

Please complete in CAPITAL letters and black ink/biro

Please complete in CAPITAL LETTERS and Black Ink only	
1.	<p>Full names and private address of applicant/s</p> <p>If the application is made by an individual on behalf of a limited liability company, please give the company name and address of the registered office.</p>
2.	<p>Name and address of the premises</p>
3.	<p>Please supply the full name and private address of the person responsible for the management of the establishment, if different from the applicant</p>

IMPORTANT NOTE: THIS APPLICATION IS OPEN TO INSPECTION BY THE PUBLIC AND A COPY WILL BE SENT TO ANY OBJECTORS AND INTERESTED PARTIES

4.	<p>A) Is it proposed to employ staff at the premises?</p> <p>B) If yes state numbers</p>	<p>A) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B) _____ Female _____ Male</p>
5.	<p>A) What is the legal title of the applicant/s to occupy the premises (e.g. freehold, Leasehold etc)?</p> <p>B) If leasehold please provide details of the name and address of the landlord</p>	<p>Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/></p> <p>B) Name _____</p> <p>Address _____</p> <p>_____</p>
6.	<p>What parts of the building is it proposed to use under the licence (e.g. basement, ground floor etc)?</p>	<p>_____</p> <p>_____</p>
7.	<p>What treatments will be given in each category</p> <p>A) Class 1</p> <p>B) Class 2</p> <p>C) Class 3</p> <p>D) Class 4</p>	<p>A) _____</p> <p>_____</p> <p>_____</p> <p>B) _____</p> <p>_____</p> <p>_____</p> <p>C) _____</p> <p>_____</p> <p>_____</p> <p>D) _____</p> <p>_____</p>
8.	<p>Is it intended to give treatment to both sexes or to men or women only?</p>	<p><input type="checkbox"/> Both Sexes <input type="checkbox"/> Women Only <input type="checkbox"/> Men Only</p>
8A	<p>State whether exemption from condition 9 (see conditions) is required – (for massage purpose only).</p>	<p>_____</p>

9.	A) Do you propose to undertake a visiting Special	A) <input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Treatment service either from these premises or elsewhere? A) If else where state the address/es concerned B) Will those employed in such visits also give treatments on these premises?	Not Applicable <input type="checkbox"/> A) Address/es _____ _____ _____ _____ B) <input type="checkbox"/> YES <input type="checkbox"/> NO

11.	Address of any Special Treatment premises in which the applicant or the company has had an interest. The nature and extent of such interest either as: A) Owner or director of owning company Or B) Employee	Not Applicable <input type="checkbox"/> Address _____ _____ _____ A) _____ _____ _____ B) _____ _____ _____
------------	--	--

- 12.** Detail of previous convictions, disqualifications etc. In respect of the persons or bodies that are named in response to questions 1 and 3. All previous convictions should be provided (with the exemption of traffic offences). If necessary please provide details on a separate sheet. Please strike through if not applicable.

	Forename	Surname	Former name (if any)	Date of Conviction	Place of Conviction	Nature of Offence	Sentence

--	--	--	--	--	--	--	--

13. List each person who will be giving treatment, the treatment they are to provide and their qualifications to give that treatment.

Name of person carrying out the special treatment.	Address of Person	Contact Number	Date of Birth	Treatment to be undertaken	Qualification

CONTINUE ON A SEPARATE SHEET IF NECESSARY

14.	Public Consultation – NEW APPLICATIONS ONLY Notice in window?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	NEW APPLICATIONS ONLY State the lawful planning use of the premises and provide the supporting documentary information (for further information contact the Borough Planning Officer on 020 8489 1335). If the premises does not have planning permission for use to provide Special Treatments please answer the following: A) Is planning permission being applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO B) Does the premise have a certificate of lawful use? <input type="checkbox"/> YES (If yes please provide document) <input type="checkbox"/> NO C) If you have answered 'NO' to either of the above questions please provide further details you consider relevant concerning the use of the premises. IF YOU DO NOT HAVE LAWFUL PLANNING USE YOUR APPLICATION WILL NOT BE CONSIDERED.	
16.	1. Does the premises comprise of: (a) ground floor only Yes/No (b) basement and ground floor Yes/No (c) basement, ground and first floor Yes/No (d) floor(s) above first floor Yes/No (e) ground floor and first floor Yes/No 2. Is there more than one final exit from the premises Yes/No 3. If there is only one final exit from the premises, is the travel distance from any part of the premises greater than 18 meters Yes/No 4. If the answer to question 1(d) is yes. Does the premises have a an alternative means of escape from the Upper floors Yes/No 5. Does the premises have enclosed areas such as sauna/sun bed rooms etc. Yes/No 6. Are any enclosed areas, (a) Fully enclosed with floor to ceiling partitions, or Yes/No (b) Provided with ¾ height partitions Yes/No 7. Does the premises have smoke detection/fire alarm system provided Yes/No 8. (a) Does any part of the premises, including external escape routes have emergency lighting? Yes/No	

	(b) Does the external escape routes have adequate standard mains lighting?	Yes/No
	9. Type and location of portable fire fighting equipment on the premises.	
	<u>Type and size</u>	<u>Location</u>
	10. Has the fire fighting equipment been maintained within the previous 12 months?	
		Yes/No

17.	Declaration I hereby declare the information contained in this application is true to the best of my knowledge. I understand that it is an offence to knowingly make a false statement in connection with this application.	
	Signature of applicant/s or applicant's solicitor or other duly authorised agent: Date: _____ Telephone Number _____ In the case of a partnership each partner should sign. If signing on behalf of the applicant, please state in what capacity you are acting.	
18.	Please indicate whether the following are enclosed with your application. (A licence cannot be issued without them. These can be provided at a later stage)	<ul style="list-style-type: none"> ○ Electrical inspection certificate for portable appliances, as requested under the Electricity at Work Regulations 1989 ○ Copies of the current treatment list and price list – new applications ○ PAT certificate for small electrical items more than a year old ○ Insurance documents (certificate and schedule) ○ Plan of the premises – New applications ○ Public Notice – new applications

DATA PROTECTION

This fair obtaining statement advises the applicant /person completing this form that it may be necessary to divulge the information to third parties or other statutory consultees at the permission of the Council.

Please note application and supporting documentation should be returned to:

The Licensing Team email: mst.licensing@haringey.gov.uk
 Please do not post any documents

T 020 8489 8232
www.haringey.gov.uk