

FOR OFFICIAL
USE ONLY

Previous licence
date:

Expiry date:

Consultation start:

LDO:

Lic. No:

Issued date

Tick seen ID
showing Date of
Birth and proof of
home address and
returned

LONDON BOROUGH OF WALTHAM FOREST

LONDON LOCAL AUTHORITIES ACT 1991

APPLICATION FOR THE **RENEWAL** OF A LICENCE TO CARRY ON A SPECIAL TREATMENT ESTABLISHMENT FOR THE PURPOSE OF PROVIDING EARPIERCING OR MANICURE ONLY

To: London Borough of Waltham Forest
Licensing Services Public Control
Town Hall, Fellowship Square
Forest Road, Walthamstow
London E17 4JF

A.1. I/We hereby apply to the London Borough of Waltham Forest to
Licence the following premises under the Act :-

Business Name :

Address :

.....

Tel. No :

2. I/We hereby declare :-

that this application and all supporting documents (including
references) are true, and is made knowing that if a licence is
granted, or renewed, it may be revoked if anything has been wilfully
stated in this application which I/We know to be false or do not
believe to be true.

3. I/We have made payment **online** for £ _____ being the
prescribed application fee. **Payment reference number:**
W..... (Please note an administration charge
will be made if this application is unsuccessful. Cheques are not
accepted).

4. Date:

Signed (1) (2)

A RENEWAL LICENCE HAS EFFECT FOR A PERIOD OF ONE YEAR.

B. APPLICANT/LICENSEE Forename (in full) and Surname(s). (See Note 1 below) If more than two applicants please give details on a separate sheet

Tick one of the following:

Sole Trader or Partnership

Company, Society etc.

1)

Mr/Mrs/Miss:		Date of Birth:	
Home Address:		Post Code:	
Tel. No:		Email:	
Place of Birth:		Nationality:	
If Company – Name of Company:			
Principle Office Address:			
Position held:		Signature:	
Qualifications held to give relevant treatments (original documentary confirmation will be required).			
Treatments qualified and certificated to carry out (only list treatments carrying out, which are listed as special treatments):			

2)

Mr/Mrs/Miss:		Date of Birth:	
Home Address:		Post Code:	
Tel. No:		Email:	
Place of Birth:		Nationality:	
If Company – Name of Company:			
Principle Office Address:			
Position held:		Signature:	
Qualifications held to give relevant treatments (original documentary confirmation will be required).			
Treatments qualified and certificated to carry out (only list treatments carrying out, which are listed as special treatments):			

NOTE:

1. In the case of a partnership, the full names of each partner and their respective private addresses must be entered; in the case of a company, the name of the company and the address of its principal office.

2. Each partner of a partnership must sign. If the applicant is a company, a director or other authorised person must sign indicating position held.

NOTE: SECTION "C" MUST BE COMPLETED EVEN IF THERE HAS BEEN NO CHANGE TO THE STAFF OR THE BUILDING SINCE THE TIME OF APPLICATION OR THE LAST DATE OF RENEWAL. INCOMPLETE APPLICATIONS WILL BE RETURNED.

C. STAFF WHO WILL CARRY OUT TREATMENTS IF OTHER THAN THE

LICENSEE(S): Forenames (in full) and Surname(s). If more than two staff please give details on a separate sheet.

1)

Mr/Mrs/Miss:	Date of Birth:
Home Address:	Post Code:
Tel. No:	Email:
Place of Birth:	Nationality:
Qualifications held to give relevant treatments (original documentary confirmation will be required).	
Treatments qualified and certificated to carry out (only list treatments carrying out, which are listed as special treatments):	

2)

Mr/Mrs/Miss:	Date of Birth:
Home Address:	Post Code:
Tel. No:	Email:
Place of Birth:	Nationality:
Qualifications held to give relevant treatments (original documentary confirmation will be required).	
Treatments qualified and certificated to carry out (only list treatments carrying out, which are listed as special treatments):	

Note: Two identical full face passport size photographs (taken within the previous 12 months) of NEW staff who will be giving the treatments must be supplied with this form. Each photograph should be endorsed with the date on which it was taken, bear the name in block

capitals of the person whose likeness it bears and be signed by the applicant.

D. DESCRIPTION OF PREMISES:

1. Please describe the premises.	
2. Please describe the type of lighting in the in the premises.	
3. Please describe the number and types of Fire Extinguishers and Fire Blankets you have in the premises.	
4. Hours of opening and closing.	

*** IMPORTANT – All Electrical equipment used within the terms of the licence must be certified in a Portable Appliance Test (PAT), as to its safety not less than once in every period of twelve months, or such longer period as may be recommended, by a qualified electrical contractor.**

A valid certificate must accompany this application. It will be returned to you to retain.

All other equipment used within the terms of the licence shall be maintained in a safe condition to the satisfaction of the Council.

The Councils Licensing Officers are there to help you. If you have any difficulty with this form, please talk to them. You may telephone them on: 020 8496 2266/78/30/68 during office hours.

Notes for Guidance

1. Paying online, Please visit our website https://apps.adelante.co.uk/SmartPay/walthamforest/Pay4/default.aspx?fundcode=62_03 to make any payments relating to Licensing.
2. Original proof of address document (utility bill, council tax etc.), must be received for all applicants and therapists associated with the special treatment licence and must be dated less than 3 months from the letter date of issue. These will be returned.
3. The therapists to be added to the special treatment licence must provide originals of all relevant qualifications that are to be considered.
4. Section D: description of the premises, for example the type of premises, its layout and any other information which could be relevant to the licence.
5. A plan of the premises is required to support the grant of a special treatment licence application (the plan does not need to be drawn to scale).

