LONDON BOROUGH OF WALTHAM FOREST

LONDON LOCAL AUTHORITIES ACT 1991

APPLICATION TO ADD ADDITIONAL TREATMENTS TO AN EXISTING SPECIAL TREATMENT LICENCE

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 is 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: ………………………………. **(Please note an administration charge will be made if this application is unsuccessful)**.

4.   Date: ………………………………………….

Print name and Signed (1) ……………………………………………………

Print name and Signed (2) …………………………………………………...

C. **THERAPIST or LICENSEE(S) WHO WILL CARRY OUT TREATMENTS**

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 <u>NEW staff</u> 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, the name in block capitals of the person whose likeness it is and be signed by the applicant.