

RENEWAL / VARIATION

MASSAGE & SPECIAL TREATMENT

I / We hereby apply to the Council of the London Borough of Croydon in pursuance of the provisions of the London Local Authorities Act 1991 and 2000, for the licensing of the following premises as an establishment for special treatment.

Current Premises Licence Number

Please complete all sections of the application form and send all supporting documents to Croydon Council for consideration, verification and consultation with the Fire Authority and Police.

CROYDON COUNCIL

The Licensing Team
3rd Floor,
Bernard Weatherill House
8 Mint Walk
Croydon
CR0 1EA
02087605466
licensing@croydon.gov.uk

FIRE AUTHORITY

Fire Safety Regulations
SE Area 3
169 Union Street
London
SE1 0LL
02085551200 ext 37630

POLICE

Licensing Sergeant
Metropolitan Police Service
Croydon Police Station
71 Park Lane, Croydon,
CR9 1BP
0208 649 0167
SNMailbox.licencingcroydon@met.police.uk

Your application will be rejected if you do not provide all of the required documents.

If your application is rejected, Part A fees will be retained for administrative purposes and you will be required to reapply.

SECTION A

RENEWAL

BUSINESS PREMISES

Trading Name			
Address			
Contact Name			
Business Tel		Mobile	
Email Address			
Website Address			

SECTION B

APPLICANT DETAILS

Sole Trade Y/N	Partnership Y/N	Organisation Y/N	Limited Company Y/N
Registered Company Name			
Registered Company Address			
Registered Company Number			
Contact Name			
Home Address			
Contact Number		Mobile	
Email Address			
Date of Birth		Any previous convictions or disqualifications	YES / NO

RENEWAL

OPERATIVES

CHANGES TO YOUR PREVIOUSLY ISSUED LICENCE	
Operative(s) to be removed from the licence	Treatment(s) to be removed from the licence
Operative(s) to be added to the licence	Treatment(s) to be added to the licence Qualifications must be provided for each treatment
	We only accept OFQUAL qualifications where one is available
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You must vary your licence to add new operatives once your licence has been issued for the year.

RENEWAL

New Operative Endorsement Form

Please read the following instructions

1. Obtain x2 passport size photographs (on a light/white background) for all special treatment operative/therapist/tattooist/piercer.

2. The back of one of the photographs must be endorsed with the words

'I hereby certify that this is a true likeness of (your name)' and signed by a solicitor, notary, or a person of standing in the community or any individual with a professional qualification. A person of standing in the community includes a bank or building society official, officer of the police, a civil servant or a minister of religion. Please see overleaf for list.

3. Staple both photographs in the spaces provided below

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4. Ask the person who endorsed the photograph to complete the boxes below.

Full name and DOB of applicant in the above photograph	
Current address of applicant in the above photograph (known to you)	
Name of person who has endorsed the back of the above photographs	
Address of person who has endorsed the back of the above photographs	

Contact telephone number / email address of person endorsing photographs	
How long has the applicant been known to you.	

It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement. To do so could result in prosecution and a fine not exceeding level 5 on the standard scale.

Signature of person endorsing photographs

Date

List of Approved Signatories

Accountant (Chartered)		Member of Parliament	
Company Secretary of a Limited Company		Merchant Navy Officer	
Assurance Manager/Superintendent of Recognised Company		Minister of a recognised religion	
Bank Manager/Building Society Officer		Nurse (SRN and SEN)	
Barrister		Officer of armed services (Active/Retired)	
Broker (Registered)		Optician (Registered)	
Chairman/Director of a Limited Company		Person with Honours (e.g. OBE, MBE etc)	
Chemist (Registered)		Photographer (Professional)	
Chiropodist (Registered)		Officer of Police (Inspector/Chief)	
Commissioner of Oaths (Solicitor/Notary Public)		Post Office Master/ Mistress	
Councillor: Local or County		President or Secretary of a recognised charity/country club	
Dentist (Registered)		Salvation Army Officer	
Engineer (with professional qualifications / Member of a chartered institute)		Social Worker	
Fire Service Officer (or a higher rank)		Solicitor	
Funeral Director		Surveyor (Chartered Institute)	
Insurance Manager of a recognised Company		Teacher/ Lecturer (School/College/Uni)	
Justice of the Peace		Trade Union Officer	
Legal Secretary		Travel Agency (Qualified)	
Civil Servant (permanent position)		Valuers and Auctioneers	
HR Manager (of a limited Company)		Warrant Officers/ Chief Petty Officers	

Or person(s) of a similar standing to the above, working or retired, are acceptable as signatories. Relatives or partners of applicant are not acceptable

Checklist

RENEWAL

<p>CHECKLIST – MANDATORY REQUIREMENTS Please provide copies of the items listed below with your <u>RENEWAL</u> application form.</p>			
Renewal Application Form		Public Liability Insurance	
Application Fee		New Operative(s) Qualification Certificates	
New Operative(s) Passport size Photographs		New Operative (s) Signed Endorsements	

Declaration

<p>DECLARATION I/We hereby declare that the particulars given below are true to the best of my/our knowledge and belief.</p>			
Fee Paid	YES / NO	Application is true	YES / NO
Supporting documents true	YES / NO	I have read the Privacy Notice	YES / NO

I can confirm that I have read and will adhere to the special treatment licensing conditions (please see website)

Applicant(s) Name (Printed)	Applicant Signature	Date

The following documents are NOT required on renewal. They must be retained at the business premises, kept up to date and be made available to an officer during any inspection:

<p>Trade Waste Agreement</p> <p>Clinical Waste Agreement (if applicable)</p> <p>PAT Certificate</p> <p>Fixed Wiring Certificate</p> <p>Treatment Price List</p> <p>Customer Vetting Card/Form (per treatment)</p>	<p>Floor Plans</p> <p>Fire Alarm Certificate (if applicable)</p> <p>Emergency Lighting Certificate (if applicable)</p> <p>Gas Certificate (if applicable)</p> <p>Fire Risk Assessment</p> <p>Fire Extinguisher Certificate</p>
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For more details about how your information is going to be handled, please go to the Licensing Privacy Notice online at <https://www.croydon.gov.uk/democracy/data-protection-freedom-information/privacy-notices/licensing-service-privacy-notice>