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Officer



SPECIAL TREATMENT LICENCE

APPLICATION FOR AN OCCASIONAL LICENCE

When completing this form, please make sure your answers are:

- inside the boxes
- written or typed in black ink
- if completing by hand, written legibly in BLOCK CAPITALS

Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

Important note: the public will be able to see this application and a copy will be sent to any objectors and interested parties.

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

1	Applicant details	
	Full name	
	Private address	
	Date of birth	
	Telephone	
	If applying on behalf of a limited liability company, please give the company name and address of the registered office.	
	Company name	
	Registered address	

2	The premises	
	Name	
	Address	
	Telephone	

3	Premises management	
	Is the person responsible for the management of the premises different from the applicant? If yes, please supply their name and private address.	
	Name	
	Address	
	Telephone	

4	Legal title	
	What is the legal title of the applicant/s to occupy the premises?	
	Freehold	<input type="checkbox"/>
	Leasehold	<input type="checkbox"/>
	If leasehold, please give the name and address of the landlord.	
	Name	
	Address	

5	Building use	
	List the parts of the building that will be used under the licence (eg basement, ground floor etc)?	

6	Treatments	
	List all treatments that will be given in each category class.	
	Class A	
	Class B	
	Class C	
	Class D	

7	Treatments for men and women	
	Will treatments be given to both men and women or men only or women only?	
	Women	<input type="checkbox"/>
	Men	<input type="checkbox"/>
	Both Women and men	<input type="checkbox"/>

8	Massage and the opposite sex	
	Massage only – when massage is given to the opposite sex, it cannot be given to any body part except neck, head, feet, legs, below the knee, hands and arms. If massage to the opposite sex is offered apart from this, exemption is possible if the masseuse is registered with an appropriate professional organisation.	
	Do you wish to claim exemption?	Yes <input type="checkbox"/> No <input type="checkbox"/>

9	Other premises	
	Does the applicant or the company have an interest in any other special treatment premises? If yes, please give the address. (If more than one address, please continue on a separate sheet.)	
	Address	
	What is the nature and extent of such interest?	
	Owner or director of owning company	<input type="checkbox"/>
	Employee	<input type="checkbox"/>

10	Convictions and disqualifications	
Does either the applicant, named in section 1, or the manager named in section 3, have any convictions or disqualifications?		
If yes, please provide details.		
1	Full name	
	Former name (if any)	
	Conviction date	
	Place of conviction	
	Nature of offence	
	Sentence	
2	Full name	
	Former name (if any)	
	Conviction date	
	Place of conviction	
	Nature of offence	
	Sentence	

11	Staff	
Will you employ staff at the premises?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many?	Men <input type="text"/>	Women <input type="text"/>

12	Other premises	
Will you, or your employees, give treatments at other premises?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give the address(es).		
Address 1		
Address 2		

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Therapists and qualifications

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

Continue on a separate sheet if necessary.

1	Name	
	Address	
	Telephone	
	Date of birth	
	Treatments	
	Qualifications	
2	Name	
	Address	
	Telephone	
	Date of birth	
	Treatments	
	Qualifications	
3	Name	
	Address	
	Telephone	
	Date of birth	
	Treatments	
	Qualifications	
4	Name	
	Address	
	Telephone	
	Date of birth	

	Treatments	
	Qualifications	
5	Name	
	Address	
	Telephone	
	Date of birth	
	Treatments	
	Qualifications	

14	What date is the occasional licence for?	
	Date	

18	Declaration	
	<p>In the case of a partnership each partner should sign.</p> <p>If signing on behalf of the applicant, please state in what capacity you are acting.</p> <p>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.</p> <p>Sign or type your name.</p>	
	Signature	
	Signature	
	Date	

This fair obtaining statement advises the applicant or person completing this form that we may need to give the information to third parties or other statutory bodies.

Payment

Please note, payment will be taken over the phone once your application is approved.

Returning your form

This form can be saved and emailed to us as a PDF.

Supporting documents can be scanned or you can take a photo and email the JPG.

Please return your application and supporting documentation to:

licensing@haringey.gov.uk

Please do not post any documents.

Telephone: 020 8489 8232