

LONDON BOROUGH OF EALING
**VARIATION APPLICATION FOR A MASSAGE
 AND SPECIAL TREATMENT LICENCE**

I/We hereby apply to the Council of the London Borough of Ealing, under the provisions of Part II of the London Local Authorities Act 1991 for a licence to carry on an Establishment for Massage or Special Treatment within the Borough.



1. TYPE OF VARIATION

- ☐ Alteration to layout of premises (please complete section 4)
- ☐ Add new special treatments (please complete section 5)
- ☐ Add new therapists (please complete section 6)

2. LICENSED PREMISES INFORMATION

Licence Number	
Trading Name	
Address	
Telephone No	
Email	
Website Address	

3. LICENCE HOLDER INFORMATION

Type of applicant	An Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/>
APPLICANT 1	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Forename(s)	
Surname	
Date of Birth	
Home Address	
Telephone No	
Email	
APPLICANT 2	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms

Forename(s)	
Surname	
Date of Birth	
Home Address	
Telephone No	
Email	

APPLICANT 3

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
Forename(s)				
Surname				
Date of Birth				
Home Address				
Telephone No				
Email				

LIMITED COMPANY INFORMATION

Limited Company Name	
Registered Number	
Registered Address	
Contact Name	
Telephone No	
Email	

4. LAYOUT OF PREMISES

Please provide details of the proposed new layout in the box below. You will also need to provide a new plan of the premises.

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5. NEW SPECIAL TREATMENTS TO BE PROVIDED

Please enter into the boxes below the new licensable special treatments that are to be provided at the premises. Refer to the [A – Z of licensable treatments](#) if necessary.

Category 1

Laser, intense pulse light (IPL), body piercing, tattooing, temptooing, semi-permanent make-up, microneedling

Category 2

Massages, facials (with massage or steamers), acupuncture, fish therapy, chiropody, electrolysis, hydrotherapy, infrared, reflexology, aromatherapy, sunbeds, saunas

Category 3

Manicure, Pedicure, Nail extensions, Ear-piercing, Nose-piercing

6. NEW THERAPISTS PROVIDING TREATMENTS

Please only provide the details of new therapists that will be providing licensable treatments. It is the licence holder's responsibility to ensure that therapists are suitably qualified/experienced and a copy of all qualifications must be kept at the premises.

THERAPIST 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
First Name				
Surname				
Date of Birth				
Qualifications				
Experience				
Responsibilities				

THERAPIST 2	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First Name	
Surname	
Date of Birth	
Qualifications	
Experience	
Responsibilities	
THERAPIST 3	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First Name	
Surname	
Date of Birth	
Qualifications	
Experience	
Responsibilities	
THERAPIST 4	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First Name	
Surname	
Date of Birth	
Qualifications	
Experience	
Responsibilities	
THERAPIST 5	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First Name	
Surname	
Date of Birth	
Qualifications	

Experience			
Responsibilities			
THERAPIST 6			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms
First Name			
Surname			
Date of Birth			
Qualifications			
Experience			
Responsibilities			
7. PREVIOUS LICENCES AND CONVICTIONS			
Has the applicant ever had a Special Treatment Licence revoked or refused?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the date of when the licence was refused or revoked and the name of the Local Authority.			
Has any person named on this application ever been convicted of an offence under Part II of the London Local Authorities Act 1991?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the name of each person, the offence, date of conviction, and name of convicting court.			
8. DECLARATION			
I hereby declare that the information provided in this application is true, complete, and accurate to the best of my knowledge and belief.			
I acknowledge and understand that the London Borough of Ealing will consult relevant agencies regarding my suitability to hold a Special Treatment Licence. These agencies may include, but are not limited to, the Metropolitan Police Service and the London Fire Authority.			
I further understand that the information supplied in this application will be retained on the Council's database and may be shared with other relevant bodies. I accept that such information may include personal data and will be processed in accordance with applicable data protection legislation.			
I confirm that I have read, understood, and agree to comply with the Council's Massage and Special Treatment Standard Conditions.			
SIGNATURE 1			
Full Name			
Signature			

Date	
SIGNATURE 2 (if applicable)	
Full Name	
Signature	
Date	
SIGNATURE 3 (if applicable)	
Full Name	
Signature	
Date	

Notes for Applicants

Fees

All Special Treatment Licences will expire on 31 March each year, regardless of the date of issue. The applicable fee for the variation of a licence can be found on the Council's website under the Massage and Special Treatment section.

Payment of the licence fee must be made through the Council's online payment portal using the link provided below. When making payment, please ensure that you use your trading name as the payment reference. A copy of the payment receipt must be retained and submitted with your application.

Payment link: <https://payments.heycentric.io/payments/?client=LBEALING&entity=QPLICEN>

Variation Applications

When submitting a variation application, you must provide the following documents where applicable. Failure to supply these documents may result in your application being rejected:

- Plan of premises for variations to the layout of the premises
- Qualification certificates for new treatments and/or therapists

Please note that you may be asked to provide additional documentation depending on the treatments you intend to offer. In some cases an inspection of the premises may be required.

It is the responsibility of the licence holder to ensure that all documents specified in the Massage and Special Treatment Standard Conditions remain valid and up to date. This includes, but is not limited to: the electrical safety certificate, public liability insurance, waste transfer note, and qualification certificates.

Licensing Enforcement Officers may carry out spot checks, either in person or via email, to verify that all required documents are current and available for inspection at all times.

Submitting your application

The completed application form, payment receipt, and any additional documents can be emailed to licensingenforcement@ealing.gov.uk or alternatively you can submit your application by post to London Borough of Ealing, Licensing Department, Perceval House, 14/16 Uxbridge Road, Ealing, W5 2HL.

Legal Notice

Operating an establishment for Massage or Special Treatment without a valid licence under the provisions of the London Local Authorities Act 1991 – Part II, or otherwise than in accordance with the terms and conditions of such a licence or obtaining a licence by wilful misrepresentation or by wilfully omitting required particulars, constitutes an offence. The maximum penalty for such an offence is £2,500.