

LONDON BOROUGH OF EALING
APPLICATION FOR A SPECIAL TREATMENT LICENCE

MST renewal 2024 (Period 1st April 2024 – 31st March 2025)

<p>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.</p>	<p><i>FOR OFFICE USE:</i> New lic Last lic Fee Received £ Date: Received by: Method:</p>
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PREMISES TO BE LICENSED

Trading Name:	
Address:	
Telephone No:	
Email:	

APPLICANT(S)

Which business type is the proposed licence holder ?	<input type="checkbox"/> Individual / Sole Trader <input type="checkbox"/> Partnership (all partners' details must be given) <input type="checkbox"/> Limited Company (all directors' details must be given)
APPLICANT 1	<input type="checkbox"/> Sole trader <input type="checkbox"/> Partner <input type="checkbox"/> Director of limited company
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name	
Age	
Private Address	
Telephone No	
Email	
May we use email instead of post for communications ?	YES / NO
APPLICANT 2	<input type="checkbox"/> Sole trader <input type="checkbox"/> Partner <input type="checkbox"/> Director of limited company
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name	
Age	
Private Address	
Telephone No	
Email	
May we use email instead of post for communications ?	YES / NO

APPLICANT 3	<input type="checkbox"/> Sole trader	<input type="checkbox"/> Partner	<input type="checkbox"/> Director of limited company
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name			
Age			
Private Address			
Telephone No			
Email			
May we use email instead of post for communications ?	YES / NO		
APPLICANT 4	<input type="checkbox"/> Sole trader	<input type="checkbox"/> Partner	<input type="checkbox"/> Director of limited company
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name			
Age			
Private Address			
Telephone No			
Email			
May we use email instead of post for communications ?	YES / NO		
For Limited Companies			
Registered Company Name:			
Registered Number:			
Registered Address:			
Preferred contact for communications			
Role			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name			
Age			
Private Address			
Telephone No			
Email			
May we use email instead of post for communications ?	YES / NO		

The Special Treatments

MASSAGE

MANICURE

ARTIFICIAL NAIL STRUCTURES (ACRYLICS)

PEDICURE

CHIROPODY

INFRA RED

Number of beds

ULTRA VIOLET

Number of beds

SAUNA

Number of beds

JACUZZI

ELECTROLYSIS / SCLEROTHERAPY

OSTEOPATHY

WAXING

ULTRASONIC

VAPOUR OZONE

SKIN PIERCING

COSMETIC PIERCING

BODY PIERCING

ACUPUNCTURE

TATTOOING/TEMPTOOING

LASER/INTENSE PULSE LIGHT TREATMENTS

OTHER TREATMENTS (Please specify)

People doing the treatments

Person 1	
Name	
DOB	
Qualifications	
Experience	
Responsibilities	
Person 2	
Name	
DOB	
Qualifications	
Experience	
Responsibilities	
Person 3	
Name	
DOB	
Qualifications	
Experience	
Responsibilities	
Person 4	
Name	
DOB	
Qualifications	
Experience	
Responsibilities	
Person 5	
Name	
DOB	
Qualifications	
Experience	
Responsibilities	

Self-Certification

To be completed and signed by the licence applicant.

Please tick the appropriate boxes or explain how you are working towards that standard.

Item	Expected standard	Action plan if don't meet standard
Electrical Safety Certificate for all fixed wiring	<input type="checkbox"/> I have a current valid certificate	
Portable Appliance Test Certificate (PAT Test)	<input type="checkbox"/> I have a current valid certificate	
Commercial Waste Agreement	<input type="checkbox"/> I have a current valid agreement	
Clinical Waste Agreement (sharps)	<input type="checkbox"/> I have a current valid agreement	
	<input type="checkbox"/> Not applicable	
Employers Liability Insurance	<input type="checkbox"/> I have a policy that covers this	
Public Liability Insurance	<input type="checkbox"/> I have a policy that covers this	
Sunbed Inspection Report	<input type="checkbox"/> I have a current valid report	
	<input type="checkbox"/> Not applicable	
Training Qualifications for staff administering licensable special treatments are displayed	<input type="checkbox"/> The certificates are displayed on the wall in the premise where clients can read them	
Standard Conditions for Premises Offering Special Treatments.	<input type="checkbox"/> I have read and understood the Standard Conditions.	

It is essential that the fullest possible information accompanies this application and separate sheets may be attached if there is insufficient room on this form.

I/(We) declare that the particulars on this application are true in every respect.

Signatures of sole applicant, all partners or at least one director if a company:

Date

LICENCE FEE:

All licences expire on 31 March in each year (irrespective of date of issue).

The fee for the grant of licences for the whole or part of a year is shown in the covering letter.

NOTES

- (1) The application must be signed by the responsible person or persons proposing to carry on the establishment. In the case of a limited liability company, the Managing Director or Secretary should sign.
- (2) Carrying on an establishment for Massage or Special Treatment without a 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 to give required particulars is an offence for which the maximum penalty is £2,500.
- (3) An establishment used by a person who is registered by a board under the Professions Supplementary to Medicine Act 1960 solely for the practice of the profession for which he is so registered is exempt from these licensing requirements.
- (4) Chiropractors, osteopaths, naturopaths or acupuncturists who are members of a duly constituted organisation requiring the observance of professional standards in their practice are also exempt from these licensing requirements.

If you need further clarification of points (3) and/or (4) please contact this Division either by post, or by calling on 020 8825 6655.

This form, when completed, to be sent to London Borough of Ealing, Regulatory Services, Licensing Section, Perceval House, 14/16 Uxbridge Road, Ealing, London W5 2HL, together with the licence fee.

Personal callers – Monday to Friday – 9.30 am to 3.30 pm at the above address.