

## APPLICATION FOR THE PROVISIONAL GRANT OF A SPECIAL TREATMENT LICENCE

PART II OF THE LONDON LOCAL AUTHORITIES ACT 1991

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

- i) Before completing this form please read the guidance notes at the end of the form; and
- ii) If you are completing this form by hand please write CLEARLY, in block capitals and using BLACK ink.
- iii) The application and all documents must be sent to: Licensing Partnership, P.O Box 182, Sevenoaks, Kent, TN13 1GP. Telephone: 01732 227004 or Email: [licensing@sevenoaks.gov.uk](mailto:licensing@sevenoaks.gov.uk)

### Section A - The Applicant

<b>1. Who is making the application?</b> (tick as appropriate)					
An individual	<input type="checkbox"/>	Partnership Go directly to question 3	<input type="checkbox"/>	Limited Company Go directly to question 4	<input type="checkbox"/>
<b>2. Individual</b>					
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):				
Surname:					
Forenames:					
Home Address:					
Post Code:					
Home Telephone Number:			Personal Mobile Number:		
Email:					
Date of Birth:			Place of Birth (Town & Country e.g. Bexley, UK): <b>Go directly to question 6</b>		
<b>3. Partnership</b> (If more than 2 Partners please provide this information for each additional Partner on a separate sheet)					
<b>Partner 1</b>			<b>Partner 2</b>		
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):		Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Surname:			Surname:		
Forenames:			Forenames:		
Home Address:			Home Address:		
Post Code:			Post Code:		
Home Telephone Number:			Home Telephone Number:		
Personal Mobile Number:			Personal Mobile Number:		
Email:			Email:		
Date of Birth:			Date of Birth:		
Place of Birth (Town & Country e.g. Bexley, UK):			Place of Birth (Town & Country e.g. Bexley, UK):		
<b>Go directly to question 6</b>					

**4. Limited Company**

Name of Company:

Registered Office Address:

Post Code:

Company Registration Number:

Company Telephone Number:

Company Email:

**5. Details of Company Secretary (if the Company has one) and all persons registered as a Director of Company** (continue on a separate sheet if necessary)**SECRETARY**Title: Mr  Mrs  Miss  Ms  Other  (please state):

Surname:

Forenames:

Home Address:

Post Code:

Date of Birth:

Place of Birth(Town &amp; Country e.g. Bexley, UK):

**DIRECTOR A**Title: Mr  Mrs  Miss  Ms  Other  (please state):

Surname:

Forenames:

Home Address:

Post Code:

Date of Birth:

Place of Birth (Town &amp; Country e.g. Bexley, UK):

**DIRECTOR B**Title: Mr  Mrs  Miss  Ms  Other  (please state):

Surname:

Forenames:

Home Address:

Post Code:

Date of Birth:

Place of Birth(Town &amp; Country e.g. Bexley, UK):

**DIRECTOR C**

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Surname:		
Forenames:		
Home Address:		
Post Code:		
Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):	

## **Section B - The Premises**

<b>6. Details of the premises at which special treatments are to be provided</b> (A plan of the premises must be provided - see Note 3.)		
Trading Name:		
Address:		
Post Code:		
Telephone Number of Premises:	Premises Email:	
Is the primary use of the premises to provide 'Special Treatments'? (tick as appropriate)		
If no, what is the primary use of the premises?		
Premises opening hours:	<u>Open</u>	<u>Close</u>
Monday	.....	.....
Tuesday	.....	.....
Wednesday	.....	.....
Thursday	.....	.....
Friday	.....	.....
Saturday	.....	.....
Sunday	.....	.....
Premises (business) web site address and/or social media details:		
Has the premises got planning consent to be used to provide 'Special Treatments'? tick as appropriate		
		Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please give reason (e.g. not needed, in process of applying etc.)		

## **Section C - The Premises Manager**

<b>7. Person responsible for the day to day management of the Premises</b>		
If the person named in this section as the 'Premises Manager' is not the applicant, then that person must complete the form entitled 'Premises Manager - Consent'. This form must accompany the application (see Note 4). In such instances the applicant must also be satisfied that the person named as the 'Premises Manager' is legally entitled to work in the UK (see note 10).		
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Surname:		
Forenames:		

Home Address:	
Post Code:	
Home Phone Number:	Personal Mobile Number:
National Insurance Number:	
Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK) :
<b>Two identical passport size and quality photographs, taken within the last month, of the 'Premises Manager' must be provided - see Notes 5 and 11.</b>	

## **Section D – The Special Treatments**

**8. Detail all the 'Special Treatments' to be provided at the premises** (The Council's guidance, 'A-Z of Special Treatments', lists the various treatments known to this Council and caught by the Act - see Note 6.)

<p><u>Category A</u>  <b>Light</b> (includes laser), <b>electric or other special treatment of a like kind</b>, but not electrolysis and tanning using UV light.</p>	
<p><u>Category B</u>  <b>Acupuncture, electrolysis, tattooing</b>, (which includes semi-permanent make-up, micro-blading, micro-pigmentation and chemical tattoo removal) and <b>cosmetic piercing</b>, but not ear piercing.</p>	
<p><u>Category C</u>  <b>Massage, manicure</b> (includes false/artificial nails), <b>chiroprody</b> (includes pedicure), <b>vapour, sauna or other baths, ear piercing and tanning using UV light</b>.</p>	

**9. Detail of any 'Special Treatments' provided on a communal basis (where customers have the same treatment at the same time), e.g. sauna** (continue on a separate sheet if necessary)

Special Treatment Type	Tick as appropriate  Men only <input type="checkbox"/> Both Sexes mixed sessions <input type="checkbox"/> Women only <input type="checkbox"/> Both Sexes separate sessions <input type="checkbox"/>
Special Treatment Type	Tick as appropriate  Men only <input type="checkbox"/> Both Sexes mixed sessions <input type="checkbox"/> Women only <input type="checkbox"/> Both Sexes separate sessions <input type="checkbox"/>

Special Treatment Type	Tick as appropriate Men only <input type="checkbox"/> Both Sexes mixed sessions <input type="checkbox"/> Women only <input type="checkbox"/> Both Sexes separate sessions <input type="checkbox"/>
Special Treatment Type	Tick as appropriate Men only <input type="checkbox"/> Both Sexes mixed sessions <input type="checkbox"/> Women only <input type="checkbox"/> Both Sexes separate sessions <input type="checkbox"/>

## Section E - Person(s) Providing the Special Treatments

**10. Detail all person(s) who will provide 'Special Treatments' at the Premises, which includes the applicant and the person named in Section C, Question 7 of this application as the 'Premises Manager', if they are going to provide treatments (See Notes 8, 9 10 and 11.)**

Please Note:

It will be a condition of any licence granted that any person providing 'Special Treatments' at the premises, or allowing them to be provided, is:

- suitably qualified, trained and/or experienced to do so; and
- legally entitled to work in the UK.

Given the above, and prior to completing this section, it is suggested that applicants read the:

- Council's guidance, 'Special Treatments – Qualifications & Training', which provides assistance on how to evaluate the level of training, qualifications and competence of a 'Special Treatment Practitioner', together with a template on how to record such evaluations; and
- The Government's guidance on 'how to carry out right to work checks' and 'what documents you can accept', both of which are on the website GOV.UK.

Shortcut to: <https://www.gov.uk/legal-right-work-uk>

### PRACTITIONER A

Title: Mr  Mrs  Miss  Ms  Other  (please state):

Surname:

Forenames:

Home Address:

Post Code:

Telephone Number:

National Insurance Number:

Date of Birth:

Place of Birth (Town & Country e.g. Bexley, UK):

Special Treatments to be provided:

**Two identical passport size and quality photographs, taken within the last month, of 'Practitioner A' must be provided with this application - see Note 11.**

### PRACTITIONER B

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Surname:		
Forenames:		
Home Address:		
Post Code:		
Telephone Number:		
National Insurance Number:		
Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):	
Special Treatments to be Provided:		
<b>Two identical passport size and quality photographs, taken within the last month, of 'Practitioner B' must be provided with this application - see Note 11.</b>		

**PRACTITIONER C**

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Surname:		
Forenames:		
Home Address:		
Post Code:		
Telephone Number:		
National Insurance Number:		
Date of Birth:	Place of Birth(Town & Country e.g. Bexley, UK):	
Special Treatments to be Provided:		
<b>Two identical passport size and quality photographs, taken within the last month, of 'Practitioner C' must be provided with this application - see Note 11.</b>		

**PRACTITIONER D**

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Surname:		
Forenames:		
Home Address:		
Post Code:		
Telephone Number:		
National Insurance Number:		
Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):	

Special Treatments to be Provided:	
Two identical passport size and quality photographs, taken within the last month, of 'Practitioner D' must be provided with this application - see Note 11.	
PRACTITIONER E	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):
Surname:	
Forenames:	
Home Address:	
Post Code:	
Telephone Number:	
National Insurance Number:	
Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):
Special Treatments to be Provided:	
Two identical passport size and quality photographs, taken within the last month, of 'Practitioner D' must be provided with this application - see Note 11.	
<small>Continue on separate sheet if necessary</small>	

### Section F – Local Authority Issued Licences /Registrations

11. Does the applicant currently hold any 'Special Treatment' licences/registrations issued by local authorities other than Bexley?		
Tick as appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the information requested below:		
Name of issuing Local Authority:		
Licence/Registration Number:	Expiry Date:	
Name & Address (including postcode) of licensed/registered premises:		
Name of issuing Local Authority:		
Licence/Registration Number:	Expiry Date:	
Name & Address (including postcode) of licensed/registered premises:		
<small>Continue on a separate sheet if necessary</small>		
12. Has the applicant ever had a Special Treatment' licence/registration revoked?		
Tick as appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, date revoked:		
Name of the Local Authority that revoked the licence/registration:		
Reason:		
<small>Continue on a separate sheet if necessary</small>		
13. Has the applicant ever had an application for a Special Treatment' licence/registration		

<b>refused?</b>		
Tick as appropriate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If yes, date refused:
Name of the Local Authority that refused the application:		
Reason:		
Continue on a separate sheet if necessary		

### **Section G - Convictions**

<p><b>14. Has 'any person' named in this application been convicted, within the last five years, of an offence under Part II of the London Local Authorities Act 1991?</b></p> <p><u>Please note:</u>          'Any person' means the applicant; or in respect an application made by a Partnership, each Partner; or in respect of an application made by a Company, the Company Secretary and each Director. It also includes the individual named in Section C, Question 7 of this application as the 'Premises Manager'.</p>
<p>Tick as appropriate                      Yes <input type="checkbox"/></p> <p style="margin-left: 150px;">No <input type="checkbox"/></p> <p>If yes, please provide the name of each person convicted, the offence for which they were convicted, the date of the conviction, the sentence imposed and the name and the location of the convicting court:</p>
Continue on a separate sheet if necessary

### **Section H - Required Documentation**

<p><b>15. The documentation set out below must accompany this application.</b></p> <ul style="list-style-type: none"> <li>• A plan of the premises</li> <li>• Two identical passport size and quality photographs, taken within the last month, of the person named in the application as the 'Premises Manager' and their name printed on the back of it.</li> <li>• Consent of the person named in the application as the 'Premises Manager' (not required if this person is the applicant applying as an individual)</li> <li>• Two identical passport size and quality photographs, taken within the last month, of all persons named in the application as providing 'Special Treatments' and their name printed on the back of it.</li> <li>• The correct fee</li> <li>• If a reduced fee is being sought, the Councils 'Request for a Reduced Fee' form must be completed and must accompany this application.</li> </ul> <p>Cheques should be payable to Sevenoaks District Council. Alternatively, you can call the Licensing Partnership on 01732 227004 and pay by either credit or debit card over the telephone.</p>	<p>Tick to confirm provided</p> <p style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p>
---	---

### **Section I - Required Service**

<p><b>16. Bodies that you must send a copy of this application to.</b></p> <p>You are <b>required</b>, on the day you submit this application to the Council, to send a copy of it, together with the plan of the premises to:</p> <ul style="list-style-type: none"> <li>• The Commissioner of Police; and</li> <li>• The London Fire Brigade</li> </ul> <p>Failure to comply with this requirement may prevent consideration of your application.</p> <p>You should send a copy of this application and plan to:</p>	<p>Tick to confirm copy sent</p>
--	----------------------------------





I declare that the information contained in this application is true and accurate to the best of my knowledge and belief.

I understand that the Licensing Partnership may consult other agencies about my suitability to hold a licence to hold a Special Treatment Premises Licence; which will include other Local Authorities, the Metropolitan Police and the London Fire Brigade.

I understand that the information I have provided may be shared and that such information may extend to personal data. I also understand that my details may be included on the Council's register of 'licensed special treatment premises'. I hereby consent to this processing of my data and display of relevant information on the public register.

Local Authorities must protect funds it handles and so the information you have provided on this form may be used to detect and prevent fraud. The information may also be shared for the same purposes, with other organisations which handle public funds including data to be used as part of the National Fraud Initiative. Your personal data will also be shared with the local authorities, which make up the Licensing Partnership, for the purpose of processing your licensing application. Your personal data will not be used for any other purpose without your prior consent, except as permitted under the Data Protection Act 2018. For further information, please see <https://www.gov.uk/government/collections/national-fraud-initiative>

Signature:	Date:	Print Name: Position held:
Signature:	Date:	Print Name: Position held:
Signature:	Date:	Print Name: Position held:

### Notes

#### Section A

1. Questions 1 to 5 are self-explanatory – they ask who is making the application and for details of the applicant, who may be an individual, a partnership or a company.

#### Section B

2. Question 6 asks about the premises at which special treatments are to be provided. This can be a private residential dwelling. If the business does not have a trading name or web address, just state 'not applicable' (N/A).
3. A plan of the premises **must** be provided with the application. Failure to do so will result in the application being rejected. The plan must have the name and address of the premises on it, it must be drawn to a scale of 1:100, unless the Council has previously confirmed in writing that an alternative scale is acceptable, have a Key/Legend and must show the following:
  - a) the extent of the boundary of the building, if relevant, and any external and internal walls of the building and, if different, the perimeter of the premises;
  - b) the location of points of access to and egress from the premises;
  - c) if different from (b) above, the location of escape routes from the premises;
  - d) the area within the premises to which the public have access, including all areas for the provision of special treatments;
  - e) fixed structures including sinks, hand wash basins, windows, ventilation systems and doors;
  - f) in a case where the premises include any steps, stairs, elevators or lifts, the location of the steps, stairs, elevators or lifts;
  - g) the location of the room or room(s) containing WC's, baths or showers; and
  - h) the location and type of any fire safety equipment.

#### Section C

4. Question 7 asks for the details of the person who will be responsible for the day to day management of the premises. This person can be the applicant. If the person named as the 'Premises Manager' is not the applicant they **must** complete the form entitled 'Premises Manager - Consent'; and this form **must** accompany the application. Failure to do so will result in the application being rejected.
5. Two identical passport size and quality photographs, taken within the last month, of the person named in the application as the 'Premises Manager' **must** accompany the application. Their name must be printed on the reverse side of each photograph. Failure to do so will result in the application being rejected.

(Please refer to Note 11 below for additional information as to acceptable photographs).

#### **Section D**

6. Question 8 asks for the detail of the different types of 'special treatment' to be provided at the premises. It is important that applicants **list all the different 'special treatments'** they want to provide, as only those listed in the application will be considered. Applicants may wish to refer to the Council's guidance, 'A-Z of Special Treatments', as this guidance lists the various special treatments that are known to this Council.

This guidance is not exhaustive and as the beauty industry moves so fast, you may wish to apply for new treatments that are not listed. If this is the case, please email the Licensing Partnership at [licensing@sevenoaks.gov.uk](mailto:licensing@sevenoaks.gov.uk) or [ts.duty@bexley.gov.uk](mailto:ts.duty@bexley.gov.uk) **before** applying. Do not guess as this could lead to your application being invalid, objected to or having to be withdrawn.

**Note:** Any licence issued will set out the different 'special treatments' that are allowed to be provided at the premises.

7. Question 9 is self-explanatory, it asks for the details of any 'special treatment' that will be provided on a communal basis.

#### **Section E**

8. Question 10 asks about the individuals who will be providing the 'special treatments' at the premises. For each individual (practitioner) it asks for their personal details and for the specific 'special treatment' they are intending to provide. It is important that **all the individuals who will provide 'special treatments' at the premises are listed**, as only those named in the application will be considered. If the applicant and, where different, the 'Premises Manager', are going to provide 'special treatments' at the premises they also need to be listed.

**Note:** Any licence issued will list the individuals (practitioners) allowed to provide 'special treatments' at the premises.

9. It is for the applicant to satisfy themselves that all individuals named in question 10 have the appropriate qualifications and/or training and/or experience to provide the specific 'special treatments' they will be providing. It will be a condition on any licence granted that 'training records' are kept in respect of all persons providing 'special treatment'. The Council has issued guidance, 'Special Treatments – Qualifications & Training' to assist applicants in this respect.
10. Applicants also need to be satisfied that any person working at the premises is legally entitled to do so. The Home Office has issued guidance to assist employers in this respect.
11. Two identical passport size and quality photographs, taken within the last month, of all persons named in question 10 as providing 'special treatments' at the premises **must** accompany the application. The Practitioners name must be printed on the reverse side of each photograph. Failure to provide satisfactory photographs will result in the application being rejected.

To be accepted the photographs must be:

- the standard size used in photo booths in the UK (which is 45 mm high x 35mm wide); and not be a cut down version of a larger picture;
- printed to a professional standard;
- taken within the last month;
- in colour on plain white photographic paper with no border;
- taken against a plain cream or light grey background;
- clear and in focus;
- without any creases or tears
- marked on reverse with the individuals full name;
- unaltered by computer software;
- a close-up of the individuals full head and upper shoulders; and
- in clear contrast to the background.

Photographs **must not** contain other objects or people and the individual in the photograph **must be** facing forward and looking straight at the camera

### **Section F**

12. This section is self-explanatory. Questions 11, 12 and 13 ask about any 'special treatment' licences or registrations the applicant may hold; if the applicant has ever had an application refused; and if the applicant has ever had a licence or registration revoked. All three questions apply to premises anywhere in the UK, not just those located in the London Borough of Bexley.

### **Section G**

13. Question 14 is self-explanatory; it asks if any person named in the application has been convicted of an offence under the Act.

### **Section H**

14. This section acts as a reminder to the applicant to provide the correct fee and all other required documentation. The fee in respect of this application is as prescribed in the Councils, guidance 'Fees - Special Treatment Licensing'. The Council's 'Application for a Reduced Fee' must be completed and attached to this application if a reduced fee is being sought.

### **Section I**

15. This section informs the applicant of their legal responsibility to send a copy of their application, together with a copy of the plan of the premises, to the Police and Fire Brigade. It also provides the contact addresses for both services. It explains that failure to comply with this requirement may prevent consideration of the application.

### **Section J**

16. Question 17 asks who, if not the applicant, the Council should liaise with regarding the application.

### **Section K**

17. Question 18 asks if the applicant wants to waive any of the standard conditions that will apply should the application be granted. To decide this applicant should have regard to the Council's 'Standard Condition's for premises licensed to provide 'Special Treatments'.

### **Section L**

18. This section is self-explanatory; it sets out who must sign and date the declaration.