

Official Use Only	
Fee	£328.40
On-Line Receipt No.	
C&D Receipt No.	257222
Licence No.	

TRADING STANDARDS &

27 FEB 2018

ENVIRONMENTAL HEALTH

Customer Use
On-line Receipt No.


ESTABLISHMENTS FOR SPECIAL TREATMENTS

This form should be completed and forwarded to London Borough of Tower Hamlets Environmental Health Department, with a cheque or postal order for the fee due made payable to the London Borough of Tower Hamlets and crossed.

Copies of this application will be sent by us to:-

- (a) Commissioner of Police
- (b) The London Fire and Emergency Planning Authority,

New licence for the premises named at 2 below.

<p>1. Full names and private address of applicants. If the application is made by a limited liability company please give the address of the registered office, and complete the separate sheet which seeks details of the company.</p>	<p>Healthy Paradise Limited</p> <p>Name: Healthy Paradise Limited</p> <p>Maiden name (if applicable):</p> <p>Address (private): </p> <p>Date of birth:</p> <p>Telephone No:</p> <p>Passport No:</p> <p>OR NI No:</p>
<p>2. Trade name and address of premises</p>	<p>Name: Health and Beauty Centre</p> <p>Address: 1 Gunthorpe Street London E1 7RG</p> <p>Telephone No:</p> <p>Email:</p> <p>Opening hours (proposed) 10am Till 10pm</p>
<p>3. Please supply details of person responsible for the management of the establishment if other than the applicant.</p>	<p>Full Name:</p> <p>Address (private):</p> <p>Date of birth:</p> <p>Telephone No:</p> <p>Passport No:</p>

Please enclose 2 passport-sized photographs of applicant	OR NI No: Enclosed (tick if applicable)
Do you have planning permission to use the premises for the intended purpose?	Yes / No (see K on Note) Please note that you will require sui generis
4. (a) Is it proposed to employ staff at the establishment? (b) If so state numbers	(a) YES/NO (b) Three
5. (a) What is the legal title of the applicant(s) to occupy the premises (e.g. freehold, leasehold etc.) (b) If leasehold please give details of the name and address of the landlord.	(a) Leasehold (b) Bobby Nagpal [Redacted Address]
6. What parts of the building is it proposed to use under the licence (e.g. basement, ground floor) ?	Ground Floor
7. State precisely <u>all</u> the treatments for which the licence is intended e.g. massage, manicure, acupuncture, ear or cosmetic piercing, tattooing, chiropody, light electric or other special treatments.	Body Massage Indian Head Massage Facials Aromatherapy Spray Tanning Semi Permanent Make Up Stone Therapy
8. State whether it is desired to give treatment to both sexes or to men or women only?	Both Sexes
9. State whether exemption from condition 7 is required (see note J) for massage purpose only.	Yes is Required
10. Address of any other massage etc., establishment in which applicant or any director of an applicant company is or has been interested and the nature and extent of such interest as (a) Owner or director of owning company; or (b) employee	Address: NONE (a) (b) NONE

<p>11. (a) Does applicant propose to carry on a visiting massage service either from these premises or elsewhere?</p> <p>(b) If elsewhere, please state address(es) concerned.</p> <p>(c) Will the masseuses employed on this service also give treatment on the licensed premises?</p>	<p>(a) NO</p> <p>(b)</p> <p>(c)</p>
<p>12. Please indicate whether the following are enclosed with your application. (A licence cannot be issued without them. These can be provided at a later stage)</p> <p>.</p> <p>If you are in the process of employing therapists please indicate this on the form. Once suitable therapists are selected, current qualifications for each operative and photographs will be required before a license can be issued.</p>	<p><input type="checkbox"/> Electrical inspection certificate for portable appliances, as requested under the Electricity at Work Regulations 1989</p> <p><input checked="" type="checkbox"/> Two passport-sized photographs of applicant and operators</p> <p><input checked="" type="checkbox"/> Copies of each operator's current qualifications under the conditions of licence</p> <p><input type="checkbox"/> A copy of the customer vetting/history card</p> <p>Copies of the current treatment list and price list</p> <p><input type="checkbox"/> Third-party insurance (advisable to have)</p> <p><input checked="" type="checkbox"/> Cheque/PO for £328.40 / £528.40 (for IPL with or without other treatments) made payable to the London Borough of Tower Hamlets (cheques must not be drawn on third parties). If you have paid using the Council's online payment facility, please enter the payment reference number in the box on the front of the application form.</p> <p><input type="checkbox"/> Copy of Public Notice placed in Newspaper.</p>

<p>13. DETAILS OF PREVIOUS CONVICTIONS, DISQUALIFICATION ETC.</p>
<p>In respect of the persons or bodies whose names are given in response to Questions 1 and 3 give details of their previous convictions (with exception of traffic offences).</p>

SURNAME	FORMER NAME	DATE OF CONVICTION	PLACE OF CONVICTION	NATURE OF OFFENCE	PENALTY IMPOSED

14. Please list all people who will be giving treatment, the treatment they will be giving and their qualifications to give that treatment (See Notes H, I and J).

NAME	TREATMENT(S)	QUALIFICATIONS AND COLLEGE ATTENDED (enclose certificates)	HOME ADDRESS	DATE OF BIRTH	PLACE OF BIRTH
working at your premises even if we already have their details	Body Massage Indian Head Massage Aromatherapy Stone Therapy Eyelash Extension Self Tanning	VTCT Level 3 NVQ [Redacted] case please state: previously provided	[Redacted]	[Redacted]	[Redacted]
[Redacted]	Body Massage Indian Head Massage Aromatherapy Semi Permanent Make up	Professional Massage [Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	Body Massage Indian Head Massage Aromatherapy	Chinese Massage Tuina At [Redacted]	[Redacted]	[Redacted]	[Redacted]

Where application is made on behalf of a limited liability company the secretary or a director should sign. In the case of a partnership, each partner should sign. In signing on behalf of applicant, please state in what capacity you are acting.



Signature of applicant(s) [REDACTED]
or applicants solicitor or other duly authorised agent.

Date 26-02-2018 Telephone No [REDACTED]

Note: Payment cheques must not be drawn on a third party

Address to which licence application or correspondence should be sent:
Mr D Tolley
Environmental Health and Trading Standards - Health and Safety Team
John Onslow House
1 Ewart Place
London
E3 5EQ

DATA PROTECTION

This fair obtaining statement advises the applicant /person completing this form that it may be necessary to divulge the information contained to third parties or other statutory consultees at the permission of the Council.

PART 4

TO BE COMPLETED IN RESPECT OF A LIMITED COMPANY BY A NOMINATED DIRECTOR

Full name of Limited Company	Healthy Paradise Limited
Registered Office address of Limited Company	[REDACTED]
Telephone number	[REDACTED]
Registered Company number	11213460
Names of all Directors and position.	Gary Bugby Director
Are any of the Directors involved with other companies that hold a Special Treatments Licence? Please detail.	NO
Does the Limited Company have licensed premises elsewhere?	NO
If so, please detail.	

This form has been completed by

Gary Bugby(name)
 Director(position)
 [REDACTED](signature)
 26-02-2018(date)