

| Official Use Only | |
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| Fee | |
| On-Line Receipt No. | |
| C&D Receipt No. | |
| Licence No. | |

| Customer Use |
|---------------------|
| On-line Receipt No. |
| 183-84073 |

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,

*.Renewal licence for the premises named at 2 below.

| | |
|--|--|
| 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. | Name: <i>Na Gao</i> Maiden name (if applicable): Address (private) <i>27 skylines village Limeharbour E14 9TS</i> Date of birth: Telephone No: Passport No: OR NI No: |
| 2. Trade name and address of premises <i>Gao medical Healthcare Ltd</i> | Name: <i>Gao medical Healthcare Ltd</i> Address: <i>27 skylines village Limeharbour</i> Telephone No: <i>E14 9TS</i> Email: Opening hours (proposed) <i>10:30am - 9:30pm</i> |
| 3. Please supply details of person responsible for the management of the establishment if other than the applicant. Please enclose 2 passport-sized photographs of applicant | Full Name: Address (private): Date of birth: <i>No</i> Telephone No: Passport No: OR NI No: <input type="checkbox"/> Enclosed (tick if applicable) |

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 |
|----------|-------------------------------|--|-----------------|---------------------|-------------------|
| Na Gao | massage. acupuncture | | | | |
| Lin Wang | IPL and Laser hair Removal | | | | |
| | | | | | |

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)
or applicants solicitor or other duly authorised agent.

Date 20.07.2017 Telephone No

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 | Gao medical Healthcare Ltd |
| Registered Office address of Limited Company | 27 skylines village Limeharbour |
| Telephone number | E14 9TS Tel: |
| Registered Company number | 07831514 |
| Names of all Directors and position. | Na Gao (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 Na Gao.....(name)
.....Director.....(position)