Use Only

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: Na Gas Maiden name (if applicable): Address (private) 27 Skylines village Limehlubur Ei4975 Date of birth: Telephone No Passport No: OR NI No:
2. Trade name and address of premises	Name: Coo walk 1 14
Gaomedical Healthcare Ltd	Name: Gao medical Health care les
The medical restenctive Ltd	Address: 27 Skylines village Limeharbour Telephone No. E 14 975 Email:
Please supply details of person responsible for the management of the establishment if other than the applicant.	Full Name: Address (private):
	Date of birth: Telephone No: Passport No: OR NI No:
Please enclose 2 passport-sized photographs of applicant	Enclosed (tick if applicable)

 Please indicate whether the following are enclosed with your application. (A licence cannot be issued without them. These must be provided at every renewal application) 	Electrical inspection certificate for portable appliances, as requested under the Electricity at Work Regulations 1989
	Two passport-sized photographs of applicant and operators
If you have already submitted current qualifications for each operative and they are still employed at your premises you will not need to supply these documents again.	Copies of each operator's current qualifications under the conditions of livence
	A copy of the customer vetting/history card
	Copies of the current treatment list and price lis
	Third-party insurance
	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.

In respect of the persons or bodies whose names are given in response to Questions I and 3 give details of their previous convictions (with exception of traffic offences).

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

14. Please list <u>all people</u> 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(5)	QUALIFICATIONS AND COLLEGE ATTENDED (enclose certificates)	HOME ADDRESS	DATE OF BIRTH	PLACE OF BIRTH
Na Gao	massage.				
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 company the secretary or a director should sign. In signing on behalf of applicant, please state in what company the secretary or a director should sign. In signing on behalf of applicant, please state in what company the secretary or a director should sign.

Signature of applicant(s) ... or applicants solicitor or other acry aumorised agent.

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

PART 4

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

Full name of Limited Company	Gao medical Healthcare LED
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? If so, please detail.	No

This form has been completed by	(name)
	Director (position