



Tower Hamlets
Application to licence premises for massage or
other special treatments
Byelaw under Local Government(Miscellaneous
Provisions) Act 1982

AMA6

* required information

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently in Use

This is the unique reference for this application generated by the system.

Your reference

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

☐ Yes

☒ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

Haijun

* Family name

Zuo

* E-mail

Main telephone number

include country code.

Other telephone number

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

☒ Applying as a business or organisation, including as a sole trader

☐ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is your business registered
in the UK with Companies
House?

☒ Yes

☐ No

* Registration number

08820938

* Business name

Cheng Xiang chinese medicine ltd

if your business is registered, use its registered name.

* VAT number

-

None

Put "none" if you are not registered for VAT.

* Legal status

Private Limited Company

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

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FURTHER DETAILS ABOUT THE APPLICANT

* Are you applying as an individual (includes sole traders)?

☐ Yes

☒ No

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TYPE OF APPLICATION

Type of application:

☐ New

☒ Renewal

☐ Temporary

* Existing licence number

* Expiry date

Specify the period for which the licence is required (if applicable)

Application for licence or registration of:

☐ Premises

☐ Practitioners

☒ Both

Check for local guidance notes which may clarify requirements.

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DIRECTORS, PARTNERS, OWNERS AND MANAGERS

You must provide details of all COMPANY DIRECTORS and the SECRETARY (if the applicant is a company), all PARTNERS (if it is a partnership), OFFICE BEARERS (if it is a club or association), all OWNERS of the business or premises and all MANAGERS of the business or organisation, including day-to-day MANAGERS OF THE PREMISES. Check for local guidance notes and conditions which may clarify exact requirements.

* Are there any such people for whom you need to provide details?

Continued from previous page...

☒ Yes

☐ No

Provide The Following Details About Each One Of Them

* Position	<input type="text" value="Director"/>	E.g. director, partner, day-to-day manager.
Full Name		
* First name	<input type="text" value="Haijun"/>	
* Family name	<input type="text" value="Zuo"/>	
Former name(s)	<input type="text"/>	If currently or previously known by any other name(s), you must record them here.
Home Address		
* Building number or name	<input type="text"/>	
* Street	<input type="text"/>	
District	<input type="text"/>	
* City or town	<input type="text" value="London"/>	
County or administrative area	<input type="text"/>	
* Postcode	<input type="text"/>	
* Country	<input type="text" value="United Kingdom"/>	
Contact Details		
E-mail	<input type="text"/>	
* Main telephone number	<input type="text"/>	
Other telephone number	<input type="text"/>	
Further Details		
Date of birth	<input type="text" value="dd mm yyyy"/>	
* Place of birth	<input type="text"/>	

Provide The Following Details About Each One Of Them

* Position	<input type="text" value="SECRETARY"/>	E.g. director, partner, day-to-day manager.
Full Name		
* First name	<input type="text" value="Xiaoli"/>	
* Family name	<input type="text" value="Song"/>	
Former name(s)	<input type="text"/>	If currently or previously known by any other name(s), you must record them here.

Continued from previous page...

Home Address

* Building number or name

* Street

District

* City or town

London

County or administrative area

* Postcode

* Country

United Kingdom

Contact Details

E-mail

* Telephone number

Other telephone number

Further Details

* Date of birth

dd

mm

yyyy

* Place of birth

Remove this person

Add another person

OTHER BUSINESS INTERESTS

* Is the applicant, or any person named in this application, involved in any way with any other similar establishment?

☐ Yes

☒ No

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PREMISES TO BE LICENSED

* Name of premises/
trading name

HEALTH ONE

Continued from previous page...

Premises Address

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

☒ Yes

☐ No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

☒ Country

Contact Details

Are the contact details the same as (or similar to) those given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

☒ Yes

☐ No

E-mail

* Main telephone number

Other telephone number

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DETAILS OF PREMISES

Describe:

☒ The premises, giving details of treatment rooms, other rooms used for the business and the facilities provided

one treatment room on ground floor.three treatment rooms in basement.there is hot water and cold water for washing hand in every room.reception room on ground floor.

* Provision for cleaning the premises, fittings and equipment and sterilisation of instruments

the needles is sterile disposable.the equipment for customer to be cleaned after used every time.

* Provision for disposal of waste, used materials, needles, etc

needles put in special bin after used.

Ownership Of The Premises

* In what capacity do you occupy the premises?

Continued from previous page...

- ☐ Freehold
☐ Leasehold
☒ Tenant
☐ Other

* Provide details of the lease, tenancy or other arrangement, including the name and address of the landlord

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OPENING TIMES

State proposed opening times for each day of the week

- * Day or days
* From
* To

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TREATMENTS

* Indicate your arrangements for giving treatments:

- ☐ Women only
☐ Men only
☐ Both sexes, separate sessions
☒ Both sexes, mixed sessions

* Do you keep a record of the clients who are given treatments?

- ☒ Yes ☐ No

* List ALL treatments to be given at the premises :

massage

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DETAILS OF PRACTITIONERS

Provide details of ALL practitioners who will give treatments

Name

- * First name
* Family name

Continued from previous page...

Former name(s)

If currently or previously known by any other name(s), you must record them here.

Home Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Other Details

* Date of birth

* Place of birth

* Treatments given personally or supervised by this person

massage

* Details of all relevant qualifications, training and experience (including where undertaken, dates, awarding body, etc)

Haijun Zuo has been chinese doctor from July of 1994.works in UK from september of 2006.Qualified Chines Medicine (Chinese herbal Medicine,Acupuncture and Chinese Massage&TuiNa) Practitioner.

* Membership of any professional organisation

the Federation of Traditional Chinese Medicine Practitioners

Name

* First name

* Family name

Former name(s)

If currently or previously known by any other name(s), you must record them here.

Continued from previous page...

Home Address

* Building number or name

* Street

District

* City or town

London

County or administrative area

* Postcode

* Country

United Kingdom

Further Details

* Date of birth

dd mm yyyy

* Place of birth

* Treatments given personally or supervised by this person

Massage

* Details of all relevant qualifications, training and experience (including where undertaken, dates awarding body, etc)

Xiaoli Song has been a masseuse from January of 2011. undertaken professional training in IPTI.

* Membership of any professional organisation

Independent Professional Therapists International.

Remove this practitioner

Add another practitioner

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PREVIOUS APPLICATIONS

* Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (check all that apply)

☒ No ☐ Yes - application granted and revoked

☐ Yes - application granted ☐ Yes - application refused

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CONVICTIONS

Continued from previous page...

* Have you, or any person named in or associated with this application, been convicted of any crime or offence?

☐ Yes

☒ No

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ADDITIONAL DETAILS

Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)

none

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £328

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

DECLARATION

* I am aware of the regulations of the authority concerning massage and special treatments. The details contained in the application form and any attached documentation is correct to the best of my knowledge and belief.

☐

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

Date (dd/mm/yyyy)

Continued from previous page...

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...

2. Go back to <https://www.gov.uk/apply-for-a-licence/massage-and-special-treatment-premises-licensing/tower-hamlets/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.