

# Licensing Committee



Tuesday, 4 October 2022 at 6.30 p.m.

The Council Chamber, 1st Floor, Town Hall, Mulberry Place,  
5 Clove Crescent, London, E14 2BG

## Supplemental Agenda

This meeting is open to the public to attend.

### Further Information

For further information including Membership of this body and public information see the main agenda.

#### Contact for further enquiries:

Simmi Yesmin, Senior Democratic Services Officer,  
1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG  
Tel: 020 7364 4120  
E-mail: [simmi.yesmin@towerhamlets.gov.uk](mailto:simmi.yesmin@towerhamlets.gov.uk)  
Web: <http://www.towerhamlets.gov.uk/committee>

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## Licensing Committee

Tuesday, 4 October 2022

6.30 p.m.

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**Next Meeting of the Committee:**

Tuesday, 10 January 2023 at 6.30 p.m. to be held in the The Council Chamber, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

**BEFORE THE TOWER HAMLETS LICENSING COMMITTEE**

**IN THE MATTER OF AN APPLICATION FOR A SPECIAL TREATMENTS LICENCE :  
Premises 1 White Row, London E1 7NF**

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**STATEMENT OF CUI LAN FU**

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**PREMISES: Bamboo Thai Massage, (formerly Vanilla Thai Massage) 1 White Row, London E1 7NF("the Premises").**

1. My name is Cui Lan Fu.
2. I am the owner/operator of the premises.
3. I will break down my statement into 2 parts.
  - a. First to deal with the background of myself;
  - b. Second to deal with the purchase of the business and moving forward.

**A. BACKGROUND**

4. I was born on 27.6.1968 in Liaoning, China.
5. I moved to the UK and over a period of time I have been given indefinite leave to remain.
6. My first language is Mandarin
7. I speak very little English but I have an interpreter Ms Claire Gao.
8. I came across the premises when my friend Mrs Susan Zhou (Li Zhou) told me at the end of February this year, that her boss is getting too old and would like to sell the shop called Vanilla Thai Massage based at 1,

White Row. I asked my friend to inform her boss, I am interested and would like to view it.

9. When I visited the shop, Susan introduced me to the shop owner, whose name is Rachel.
10. The decoration of the shop was nice and I was satisfied.
11. I was not informed by the previous owner that there was any allegation that something against the licence conditions had happened in this shop. The previous owner showed me the licence and that it had been recently renewed. I was also being assured that there were no problems that happened in this premises under the old management.
12. I thought this would be a good addition to the premises I operate on Chancery Lane and so I purchased this shop on 11/04/2022.
13. Li Zhou told me that the previous owner Rachel signed the lease contract with the landlord under the company name Redbud (London) Limited, and now it will be much easier if we change the director of the company's name to me, Cui Lan Fu. By naming me as the new director, we wouldn't need to sign another contract with the landlord, that would save us 4 months to sign a new contract with the landlord.
14. Up to signing the contract to transfer the shop, it was Li Zhou working between me and Rachel, due to the fact that I can't speak English, and the previous owner Rachel can't speak Chinese, she can only speak English. She said that to change the name of the director of the existing company (here refers to Redbud (London) Limited) is an easy thing to do with the help of an accountant.
15. I was concerned, so I consulted my accountant. The accountant confirmed there were no issues with the accounts and confirmed that

the director name was changed to me and shares were transferred to me.

16. Li Zhou assured me that everything is OK, she works here and she is aware of everything.

17. Due to years of friendship with Li Zhou, I trusted her words and on 11.04.2022, changed the director of Redbud (London) Limited into my name. The shares were also transferred to me. I bought the business.

18. If I had any knowledge that this is a problematic premises, I certainly would not do this.

19. After I was made aware of this issue, I contacted Li Zhou, she denied of any knowledge of this issue. I have requested Li Zhou and Mr. Cheung Lai Kwan to attend the hearing with me, but they have refused.

20. The tenancy was in the name of the tenant company and I was informed that the quickest way of acquiring the premises was to take over the company. This would avoid transferring the lease and would avoid a delay in obtaining any landlord consent.

21. It was only after receiving the council email regarding the objection and the hearing that I realized that there were some issues about this shop.

22. The previous situation was deliberately hidden from me and as I was unaware of the previous inappropriate activities that took place in 2021, before I took over, I agreed to allow some of the previous staff to remain. It is only when I received Simmi Yesmin's email on 06/07/2022, that I was made aware of the issue and that certain individuals were said to be involved. I don't personally know the previous owner, or most of the people who worked at the premises and had no idea about the operating issue and the problems of some staff. Consequently, I added their names to the application forms when I applied for the new licence.

23. As soon as I read the 6<sup>th</sup> July email I ensured the persons mentioned were informed that they are not welcome and will not be able to work here.
24. However, I would also like to say that these issues happened before I purchased this shop, and should be disregarded when considering my application. I am the victim of this issue.
25. I sincerely request you to give me a chance, by issuing me the licence to operate the shop properly.
26. The shop was only purchased a very short time ago, if the shop is not able to operate with the licence it will not open, there will be no income to pay for the rent, also I can't pay back the loans used to purchase the shop.
27. Personally, I have some health issues. I have brain aneurysm, which does not allow me to do any heavy physical activity. It is also difficult for me to find a job due to my age.
28. This is also why I purchased this shop in first place.
29. I sincerely request that the licensing committee can issue the licence for this shop, give me a chance to work and manage this shop properly.
30. I have invested in the property and carried out refurbishment works and changes to the premises. It is important for me that I am able to use the premises.

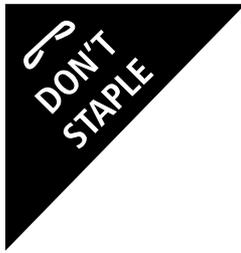
#### **B. THE PURCHASE OF THE BUSINESS AND MOVING FORWARD**

31. When I received the email from Simmi Yesmin, I was shocked to know that there are two owners of this shop, Rachel who I met, and her elder sister Cheung Lai Kwan.
32. In support of my application, please believe me that I will not allow the same issue to exist under my management.

33. The first issue is with the engaging of the masseurs. I work with a number at my premises, Sunny, at 136 Grays Inn Road, WC1X 8AS. This is in Camden. A company Sheng Li beauty Ltd operates the business. When engaging therapists I seek references where possible. When necessary I will make the appropriate notification to the council and I would hope that if there is any concern in respect of any therapists then the authority will inform me.
34. I require all masseurs to work with proper certificates, and as part of the written contract between myself and the masseurs an undertaking that they will comply with the rules and that they will not offer any sexual services.
35. In the premises signs will be placed up "MASSAGE ONLY SERVICE". These will be displayed both in the front desk and prominent places in the rooms.
36. I try to speak with all new customers and will make it clear that we do not offer any sexual services. I will place up a sign indicating that "As a matter of law we do not provide any sexual services. If any person offers any sexual service please notify the receptionist so that appropriate action can be taken. You may be entitled to some or all of your fee being refunded".
37. In addition, I will make it known to the masseurs that I have engaged a mystery shopper company to carry out tests to ensure quality of service and compliance. I will look to arrange for the test purchases to take place regularly to maintain high standards.
38. I will make sure only advertise our service in appropriate websites like TREATWELL.

The contents of this my statement are true to the best of my knowledge and belief.

**Dated 28 September 2022**

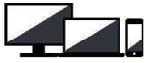


# TM01

## Termination of appointment of director



Companies House



**Go online to file this information**  
[www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

**What this form is for**  
 You may use this form to terminate the appointment of a director (individual or corporate).

**What this form is NOT for**  
 You cannot use this form to terminate the appointment of a secretary. To do this, please use form TM02 'Termination of appointment of secretary'.

For further information, please refer to our guidance at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

### 1 Company details

Company number	0	9	6	3	6	8	3	1
Company name in full	REDBUD (LONDON) LIMITED							

**→ Filling in this form**  
 Please complete in typescript or in bold black capitals.  
 All fields are mandatory unless specified or indicated by \*

### 2 Director's current details on the Register

Please give us the current appointment details of this director held on the public Register.

Month/year of birth* ❶	X
Title*	MS
Full forename(s)	LAI KWAN
Surname/Corporate name	CHEUNG

**❶ Month and year of birth**  
 Providing a month and year of birth will help us identify the correct person on the public record. This is voluntary information and if completed it will be placed on the public record.

### 3 Termination date ❷

Date of termination of appointment	d	d	m	m	y	y	y	y
	0	6	0	4	2	0	2	2

**❷ Only one director appointment can be terminated per form.**

### 4 Signature

I am signing this form on behalf of the company.

Signature	Signature	X
	X	X

This form may be signed by:  
 Director ❸, Secretary, Person authorised ❹, Liquidator, Administrator, Administrative receiver, Receiver, Receiver manager, Charity Commission receiver and manager, CIC manager, Judicial factor.

**❸ Societas Europaea**  
 If the form is being filed on behalf of a Societas Europaea (SE) please delete 'director' and insert details of which organ of the SE the person signing has membership.

**❹ Person authorised**  
 Under either section 270 or 274 of the Companies Act 2006.



Do not cover this barcode

 **Presenter information**

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name KIM ONG

Company name KIM ACCOUNTANCY & CO.

Address 132 THE CHASE

Post town

County/Region

Postcode

Country ENGLAND

DX

Telephone

 **Checklist**

**We may return forms completed incorrectly or with information missing.**

**Please make sure you have remembered the following:**

- The company name and number match the information held on the public Register.
- You have correctly entered the name of the director being terminated.
- You have included the date of termination.
- You have signed the form.

 **Important information**

**Please note that all information on this form will appear on the public record.**

 **Where to send**

**You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:**

**For companies registered in England and Wales:**

The Registrar of Companies, Companies House,  
Crown Way, Cardiff, Wales, CF14 3UZ.  
DX 33050 Cardiff.

**For companies registered in Scotland:**

The Registrar of Companies, Companies House,  
Fourth floor, Edinburgh Quay 2,  
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.  
DX ED235 Edinburgh 1  
or LP - 4 Edinburgh 2 (Legal Post).

**For companies registered in Northern Ireland:**

The Registrar of Companies, Companies House,  
Second Floor, The Linenhall, 32-38 Linenhall Street,  
Belfast, Northern Ireland, BT2 8BG.  
DX 481 N.R. Belfast 1.

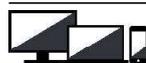
 **Further information**

For further information please see the guidance notes on the website at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

**This form is available in an alternative format. Please visit the forms page on the website at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)**

# AP01

## Appointment of director



**Go online to file this information**  
www.gov.uk/companieshouse

**What this form is for**  
You may use this form to appoint an individual as a director.

**What this form is NOT for**  
You cannot use the form to appoint a corporate director. To do this, please use form AP02 'Appointment of corporate director'.

For further information, please refer to our guidance at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

### 1 Company details

Company number	0	9	6	3	6	8	3	1
Company name in full	REDBUD (LONDON) LIMITED							

**→ Filling in this form**  
Please complete in typescript or in bold black capitals.  
  
All fields are mandatory unless specified or indicated by \*

### 2 Date of director's appointment

Date of appointment	<sup>d</sup> 0	<sup>d</sup> 6	<sup>m</sup> 0	<sup>m</sup> 4	<sup>y</sup> 2	<sup>y</sup> 0	<sup>y</sup> 2	<sup>y</sup> 2
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### 3 New director's details

Title*	MS
Full forename(s)	CUILAN
Surname	FU
Former name(s) ①	
Country/State of residence ②	ENGLAND
Nationality	CHINESE
Month/year of birth ③	X [REDACTED]
Business occupation (if any) ④	DIRECTOR

**① Former name(s)**  
Please provide any previous names (including maiden or married names) which have been used for business purposes in the last 20 years.  
  
Continue in section 7 if required.

**② Country/State of residence**  
This is in respect of your usual residential address as stated in section 4a.

**③ Month and year of birth**  
Please provide month and year only. Provide full date of birth in section 3a.

**④ Business occupation**  
If you have a business occupation, please enter here. If you do not, please leave blank.

### 4 New director's service address ⑤

	Please complete your service address below. You must also complete your usual residential address in <b>Section 4a</b> .							
Building name/number	1 WHITES ROW							
Street	SPITALFIELD							
Post town	LONDON							
County/Region	ENGLAND							
Postcode	E	1		7	N	F		
Country	UNITED KINGDOM							

**⑤ Service address**  
This is the address that will appear on the public record. This does not have to be your usual residential address.  
  
Please state 'The Company's Registered Office' if your service address is recorded in the company's register of directors as the company's registered office.  
  
If you provide your residential address here it will appear on the public record.



**This page is not shown on the public record**



Do not cover this barcode

**3a** New director's date of birth <sup>1</sup>

Date of birth	Please complete your full date of birth below. 
---------------	--

**1 Date of birth**  
You must give the full date of birth. The day (dd) will not appear on the public record unless the company has elected to keep directors' information on the public register.

**4a** New director's usual residential address <sup>2</sup>

	Please complete your usual residential address below.
Building name/number	
Street	
Post town	
County/Region	
Postcode	
Country	UNITED KINGDOM

**2 New director's usual residential address**  
Please state 'Same as service address' in this section if your usual residential address is recorded in the company's register of director's residential addresses as 'Same as service address'.  
  
You cannot state 'Same as service address' if your service address has been stated in Section 4 as 'The Company's Registered Office'. You will need to complete the address in full.  
  
This address cannot be a PO Box, DX or LP (Legal Post in Scotland) number.

Section 243 of  
Companies Act 2006

**Section 243 exemption <sup>3</sup>**

Only tick the box below if you are in the process of applying for, or have been granted, exemption by the Registrar from disclosing your usual residential address to credit reference agencies under section 243 of the Companies Act 2006.

**Different postal address:**

If you are applying for, or have been granted, a section 243 exemption, please post this whole form to the different postal address below:  
The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE.

Where you are applying for a section 243 exemption with this notice, the application and this form must be posted together.

**3** If you are currently in the process of applying for, or have been granted, a section 243 exemption, you may wish to check you have not entered your usual residential address in Section 4 as this will appear on the public record.



AP01  
Appointment of director

**5** Consent to act as director

Please tick the box to confirm consent.

- The company confirms that the person named in section 3 has consented to act as a director of the company named in section 1.

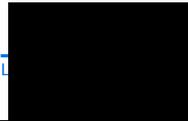
**6** Signature

I am signing this form on behalf of the company.

Signature

Signature

X



2022 23:28 GMT+8

X

**1** Societas Europaea

If the form is being filed on behalf of a Societas Europaea (SE) please delete 'director' and insert details of which organ of the SE the person signing has membership.

**2** Person authorised

Under either section 270 or 274 of the Companies Act 2006.

This form may be signed and authorised by:

Director **1**, Secretary, Person authorised **2**, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor.

**7** Additional former names (continued from Section 3)

Former names **3**


**3** Additional former names

Use this space to enter any additional names.

# AP01

## Appointment of director

### Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name **KIM ONG**

Company name **KIM ACCOUNTANCY & CO.**

Address **132 THE CHASE**

Post town **W**

County/Region **S**

Postcode

Country **ENGLAND**

DX

Telephone

### Checklist

**We may return forms completed incorrectly or with information missing.**

**Please make sure you have remembered the following:**

- The company name and number match the information held on the public Register.
- You have completed the date of appointment.
- You have included all former names used for business purposes over the last 20 years.
- You have completed the nationality box.
- You have provided the month and year of birth in section 3.
- You have provided a business occupation if you have one.
- You have provided your full date of birth in section 3a.
- You have provided both the service address and the usual residential address.
- Addresses must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
- You have enclosed a relevant section 243 application if applying for this at the same time as completing this form.
- You have ticked the consent to act statement.
- You have signed the form.

### Important information

**Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses and day of birth.**

### Where to send

**You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:**

#### **For companies registered in England and Wales:**

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ.  
DX 33050 Cardiff.

#### **For companies registered in Scotland:**

The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.  
DX ED235 Edinburgh 1  
or LP - 4 Edinburgh 2 (Legal Post).

#### **For companies registered in Northern Ireland:**

The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG.  
DX 481 N.R. Belfast 1.

#### **Section 243 exemption**

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below:  
The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE.

### Further information

For further information please see the guidance notes on the website at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

**This form is available in an alternative format. Please visit the forms page on the website at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)**

**TRANSFER FORM** (TRANSFERORS and TRANSFEREES TO SIGN)

**J10**

(For completion by the Registrar/Stock Exchange)

Consideration £ NIL

Full name of undertaking.	REDBUD (LONDON) LIMITED	
Full description of Security.		
Number or amount of Shares, Stock or other security and, in figures column only, number and denomination of units, if any.	Words	Figures
	ONE HUNDRED ONLY	100 ( 100 units of £1)

**Transferor(s)** YING ZHOU

Full name(s) and full postal address(es) (including County or, if applicable, Postal District number) of the person(s) from whom the security is being transferred.

**Transferee(s)** CUILAN FU

Full name(s) and full postal address(es) (including County or, if applicable, Postal District number) of the person(s) to whom the security is transferred.

For the consideration stated the named transferor(s) hereby transfer the above security to the named transferee(s) who hereby agree to take such security subject to the terms and conditions on which the transferor(s) have held the same. We request that such entries be made in the register as are necessary to give effect to this transfer. In witness whereof this transfer is executed below.

Date \_\_\_\_\_

Signed sealed and delivered by all transferor(s) and transferee(s)

1. YING ZHOU (TRANSFEROR)

SIGNATURE: \_\_\_\_\_ [Redacted] \_\_\_\_\_ [GMT+1]

2. CUILAN FU (TRANSFEREE)

SIGNATURE: \_\_\_\_\_ [Redacted] \_\_\_\_\_ [GMT+1]

3. \_\_\_\_\_

4. \_\_\_\_\_

Lodged by

**FORM OF CERTIFICATE REQUIRED – TRANSFERS NOT CHARGEABLE WITH  
AD VALOREM STAMP DUTY**

**Complete Certificate 1 if:**

- the consideration you give for the shares is £1,000 or less and the transfer is not part of a larger transaction or series of transactions (as referred to in Certificate 1).

**Complete Certificate 2 if:**

- the transfer is otherwise exempt from Stamp Duty and you are not claiming a relief, or
- the consideration given is not chargeable consideration.

**Certificate 1**

\* Please delete as appropriate      I/We\* certify that the transaction effected by this instrument does not form part of a larger transaction or series of transactions in respect of which the amount or value, or aggregate amount or value, of the consideration exceeds £1,000.

\*\* Delete second sentence if certificate is given by transferor      I/We\* confirm that I/we\* have been authorised by the transferor to sign this certificate and that I/we\* am/are\* aware of all the facts of the transaction. \*\*

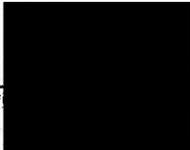
<i>Signature(s)</i>	<i>Description ("Transferor", "Solicitor", etc)</i>
.....	.....
.....	.....
.....	.....

Date \_\_\_\_\_

**Certificate 2**

\* Please delete as appropriate      I/We\* certify that this instrument is otherwise exempt from *ad valorem* Stamp Duty without a claim for relief being made or that no chargeable consideration is given for the transfer for the purposes of Stamp Duty.

\*\* Delete second sentence if certificate is given by transferor      I/We\* confirm that I/we\* have been authorised by the transferor to sign this certificate and that I/we\* am/are\* aware of all the facts of the transaction. \*\*

<i>Signature(s)</i>		<i>Description ("Transferor", "Solicitor", etc)</i>
YING ZHOU		TRANSFEROR
.....	.....	.....

Date \_\_\_\_\_

**NOTES**

- (1) You don't need to send this form to HM Revenue & Customs (HMRC) if you have completed either Certificate 1 or 2, or the consideration for the transfer is nil (in which case you must write 'nil' in the consideration box on the front of the form). In these situations send the form to the company or its registrar.
- (2) In all other cases - including where relief from Stamp Duty is claimed - send the transfer form to HMRC to be stamped.
- (3) Information on Stamp Duty reliefs and exemptions and how to claim them can be found on the HMRC website at [hmrc.gov.uk/sd](http://hmrc.gov.uk/sd).

# JY-J10\_YingZhou to CuilanFu

Final Audit Report

2022-04-11

Created:	2022-04-11
By:	Kim Ong (kim.accountancy@yahoo.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAs3L882lo8qYJNtMXIV75FbamAMvhw_UY

## "JY-J10\_YingZhou to CuilanFu" History

-  Document created by Kim Ong (k [redacted])  
2022-04-11 - 4:47:24 PM GMT- IP address: [redacted]
-  Document emailed to 周颖 ([redacted]) signature  
2022-04-11 - 4:47:54 PM GMT
-  Email viewed by 周颖 ([redacted])  
2022-04-11 - 4:48:02 PM GMT- IP address: 87.248.116.214
-  Document e-signed by 周颖 ([redacted])  
Signature Date: 2022-04-11 - 4:59:17 PM GMT - Time Source: server- IP address: 79.73.129.42
-  Document emailed to 付翠兰 ([redacted]) signature  
2022-04-11 - 4:59:19 PM GMT
-  Email viewed by 付翠兰 ([redacted])  
2022-04-11 - 5:02:49 PM GMT- IP address: [redacted]
-  Document e-signed by 付翠兰 ([redacted])  
Signature Date: 2022-04-11 - 5:04:04 PM GMT - Time Source: server- IP address: 93.96.37.145
-  Agreement completed.  
2022-04-11 - 5:04:04 PM GMT

APPLICATION FOR PERMISSION TO PROVIDE SPECIAL TREATMENT

Please Print.

PREMISES: BAMBOO THAI,

Address: 1 Whites Row, London E1 7NF,

THERAPIST

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Evidence of right to work- passport provided Y/N

Right work share code if applicable

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone (Mobile): \_\_\_\_\_

Details of Qualifications/ certificates / member of particular associations, Any current authorisation with Tower Hamlets – Y/N

Treatment authorised to provide at the premises

Confirmation from Tower Hamlets that registered to provide the following treatment:

Experience :

	Premises Name	Manager	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In case of Emergency notify:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Full Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone : \_\_\_\_\_

I (insert name)

**warrant represent and certify the following:**

I have never been arrested and or convicted for the possession or sale of any illegal drug. I have never been arrested and/or convicted of any charge in relation to acts of prostitution nor have I engaged in any act of prostitution. I confirm that I am not a prostitute. I understand that violations of the law could occur if I did not comply with the licence or if I offer sexual services including masturbation of a customer. I agree to refrain from handling customers or allowing them to handle me or to behave in such a manner that would be considered an act of prostitution, obscene or otherwise illegal or unlawful.

I understand that if these rules are broken, my contract to enable me to provide special treatment will be terminated with immediate effect.

I am 18 years of age or older. I agree that giving false information on this application will be reason enough for immediate termination of my contract to provide special treatment.

I understand that I will not be an agent or employee of the premises or Redbud (London) Ltd and that the premises or Redbud (London) Ltd or their directors are not responsible for unlawful acts committed by me.

I understand that I am solely responsible for the payment of applicable income and other taxes and national insurance contributions due on the income that I earn whilst providing any services at Bamboo Thai and the licence holder Redbud (London) Ltd will not be held responsible for such amounts. I further understand that Redbud (London) Ltd will make no such tax/contribution withholdings from the income that I earn and that I will not be issued any taxation forms or documents from or by the company.

I will invoice Redbud (London) Ltd on a weekly or monthly basis

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**Signature**

**Date**

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Witness Statement

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005, Rule 27.1

URN:

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Statement of:



Age if under 18 (if over insert "over 18"): over 18

Occupation: Surveillance Operative

This statement (consisting of  Pages(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it, anything which I know to be false, or do not believe to be true.

Name / Signature:



Date: 14<sup>th</sup> October 2021

Tick if witness evidence is visually recorded:  (Supply witness details on last page)

**Statement**

1. I am and I am employed by The Surveillance Group Ltd, of Unit 6, Teme House, Whittington Hall, Whittington Road, Worcester WR5 2RY.
2. I was instructed by The Surveillance Group Ltd to attend Primo Remedy, 24 Wentworth Street, London, E1 7TF in order to conduct a test purchase task on behalf of the London Borough of Tower Hamlets.
3. At approximately 11:15 hrs on the 14<sup>th</sup> October 2021 I visited Primo Remedy, 24 Wentworth Street, London, E1 7TF.
4. Upon entering the premises I was greeted by a female of Asian appearance. She had long brown hair and was wearing a black top and black trousers. The female asked what I would like and I asked for a forty-five massage and paid £45 in cash.
5. The female took the cash and directed me to go downstairs. At the bottom of the stairs I was greeted by a young female of Asian appearance who was wearing a maroon dress with a white cardigan. The female lead me into room 3 off a small corridor which had multiple rooms off of it.
6. The room was small with a massage bed and there was a small shower in the corner and a sink. The female instructed me to get and undressed and lay down. She then left me to undress.

The female returned to the room and started to massage my back. She then asked me to remove my underwear, to which I asked to keep them on and the female continued with the massage. After a short time massaging my back, the female asked to remove my underwear again. I declined and the female continued with the massage.

Halfway through the massage the female asked me to turn over and she began massaging my front.

Name / Signature:



Witness Statement

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005 , Rule 27.1

*During this time the female massaged close to my inner thigh and kept running her hand up my inner thigh as she asked if it was a good massage in a flirtatious manner.*

*The female continued with the massage and when she had finished she said she would leave me to get dressed. She then left the room. I got dressed and proceeded upstairs and the two females were both by the front desk.*

*I then exited the premises at approximately 11:58 hrs.*

- 7. During this visit the masseuse displayed suggestive behaviour offering, without any previous suggestion by myself, services of an apparent sexual nature.*
- 8. I declined all offers of such services.*
- 9. Following my visit I immediately returned to my vehicle and wrote notes on the details of the event within a document on my work-issued smart-phone on 14/10/2021. I exhibit these as BM.001*
- 10. I believe the facts stated in this witness statement are true.*

Name / Signature: \_\_\_\_\_

**Witness Details**

**Home Address:** The Surveillance Group Ltd, Unit 6, Teme House, Whittington Hall, Whittington Road, Worcester **Post Code:** WR5 2RY

**Home Tel No:** **Work Tel No:** **Mobile Tel No:**

**Email Address:** **Preferred means of contact:** Email

**Best time of contact:**

**Sex:** **Date & Place of Birth:** **RSA** **Former Name:**

**Ethnicity Code (16+1):** **Religion / Belief:**

**Dates of Witness Non-Availability:**

**Witness Care** (please tick or type in box provided)

**Yes No**

- a) **Is the witness willing to attend court?** (If no, include reason(s) on form MG6)
- b) **What can be done to ensure attendance?**
- c) **Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness?** (If Yes, submit MG2 with file)
- d) **Does the witness have any particular needs?**
- If Yes, what are they?** (Disability, healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)
- 

**Witness Consent - For Witness Completion**(please tick)

**Yes No N/A**

- a) **The Victim Personal Statement scheme (victims only) has been explained to me:**
- b) **I have been given the Victim Personal Statement leaflet:**
- c) **I have been given the leaflet "Giving A Witness Statement to the Police – What Happens Next?":**
- d) **I consent to police having access to my medical record(s) in relation to this matter:** (obtained in accordance with local practice)
- e) **I consent to my medical record in relation to this matter being disclosed to the defence:**
- f) **I consent to the statement being disclosed for the purposes of civil proceedings if applicable:** (eg. Child care proceedings, CICA)
- g) **The information recorded above will be disclosed to the Witness Service so that they can offer help and support, unless you ask them not to. Tick this box to decline their services:**

**Witness Signature:** ..... **Print Name:** .....

**Parent/Guardian/appropriate adult Signature:** ..... **Print Name:** .....

**Address and telephone number if different from above:**

**Statement Taken By (print name):** ..... **Station:** .....

**Time and Place Statement Taken:**

**Witness Statement**

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005, Rule 27.1

URN:				
Crown Court No:				

at

Witnesses ( 1 ) ..... ( 4 ) .....  
 \*Insert No.: ( 2 ) ..... ( ) .....  
 ( 3 ) ..... ( ) .....

Mark dates when Investigators and other witnesses are NOT available. Codes for non-availability  
 R = Rest day L = Leave C = Course N = Night duty S = Sickness O = Other

Month											
Date	Witness number										
1		1		1		1		1		1	
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4		4		4		4		4		4	
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'O', 'C' and 'S' codes — give full details:

\_\_\_\_\_  
 Name of person submitting form and date

Name / Signature: \_\_\_\_\_

**Witness Statement**

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005 , Rule 27.1

**Name / Signature:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Witness Statement**

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005 , Rule 27.1

URN:

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Statement of:



Age if under 18 (if over insert "over 18"): over 18

Occupation: Surveillance Operative

This statement (consisting of  Pages(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it, anything which I know to be false, or do not believe to be true.

Name / Signature:



Date: 29<sup>th</sup> October 2021

Tick if witness evidence is visually recorded:  (Supply witness details on last page)

**Statement**

1. I am and I am employed by The Surveillance Group Ltd, of Unit 6, Teme House, Whittington Hall, Whittington Road, Worcester WR5 2RY.
2. I was instructed by The Surveillance Group Ltd to attend Primo Remedy, 24 Wentworth Street, London, E1 7TF in order to conduct a test purchase task on behalf of the London Borough of Tower Hamlets.
3. At approximately 11:25 hrs on the 29<sup>th</sup> October 2021 I visited Primo Remedy, 24 Wentworth Street, London, E1 7TF.
4. Upon entering the premises I was greeted by a female of Asian appearance wearing a dark red dress who stepped out of a small room behind the reception area. The female asked how long I would like and I asked for a forty-five massage and paid £40 in cash.
5. The female took the cash and directed me to go downstairs into room 3, go in and close the door. At the bottom of the stairs was a small corridor with multiple rooms off it. I entered into room 3, inside was a massage bed, shower in the corner and a small sink. I undressed and waited lay on the bed.
6. The same female that greeted me upstairs entered the room and walked up and straight away pulled at my underwear and said "take them off" and began removing them, no covering was then used. She then exited the room briefly and returned to begin the massage.

During the massage, the female would run her hands up the inner part my thigh to the top. She then asked me if I wanted a "special massage" and dimmed the lights in the room. I asked what a special massage was and she replied "a handy" and made a hand gesture over my waist. I declined and the female said "you my first customer, you get lucky I do good business", I declined again to which she asked if I would give her a tip. The female asked me again and then asked if I would tip her again.

Name / Signature:



Witness Statement

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005 , Rule 27.1

*The female then asked if I have money on me, saying she could help me and kept asking how much money I have. I kept saying I didn't want anything extra and she kept pressuring me. The female then started to explain that if I want a proper massage to come in the evening, not in the morning, she makes no money off massage and that business people coming in the morning for happy ending, if I want massage I must come in the evening, I said I understand and she replied "you understand now" and continued. The female then asked again for a tip as I didn't have good time.*

*After massaging for a few minutes the female asked me to turn over and again no towel was used to cover me. She then asked if I want "beautiful girl to come in and give you massage?", I said no and she kept asking if I'm sure and then said "you try" and opened the door and started calling for someone else.*

*I kept saying during this time that I didn't want that. A young female of Asian appearance then entered the room, she offered her to do it for me to which I declined again, she kept asking if I was sure and I kept saying no. The young female then left the room and she continued the massage. A few minutes later she said the massage was finished and remained in the room with me while I got dressed.*

*Once I was dressed and ready to leave the female said I must pay a bit more for normal massage and I gave her £10 cash and exited the room. On my way out the young female wearing a black blouse was sat being the reception desk.*

*I then exited the premises at approximately 12:09 hrs.*

- 7. During this visit I was offered, without any previous suggestion by myself, services of an apparent sexual nature.*
- 8. I declined all offers of such services.*
- 9. Following my visit I immediately returned to my vehicle and wrote notes on the details of the event within a document on my work-issued smart-phone on 29/10/2021. I exhibit these as BM.004*
- 10. I believe the facts stated in this witness statement are true.*

Name / Signature: \_\_\_\_\_

**Witness Details**

**Home Address:** The Surveillance Group Ltd, Unit 6, Teme House, Whittington Hall, Whittington Road, Worcester **Post Code:** WR5 2RY

**Home Tel No:** **Work Tel No:** **Mobile Tel No:**

**Email Address:** **Preferred means of contact:** Email

**Best time of contact:**

**Sex:** **Date & Place of Birth:** **RSA** **Former Name:**

**Ethnicity Code (16+1):** **Religion / Belief:**

**Dates of Witness Non-Availability:**

**Witness Care** (please tick or type in box provided)

**Yes No**

- a) **Is the witness willing to attend court?** (If no, include reason(s) on form MG6)
- b) **What can be done to ensure attendance?**
- c) **Does the witness require a Special Measures Assessment as a vulnerable or intimidated witness?** (If Yes, submit MG2 with file)
- d) **Does the witness have any particular needs?**
- If Yes, what are they?** (Disability, healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)
- 

**Witness Consent - For Witness Completion**(please tick)

**Yes No N/A**

- a) **The Victim Personal Statement scheme (victims only) has been explained to me:**
- b) **I have been given the Victim Personal Statement leaflet:**
- c) **I have been given the leaflet "Giving A Witness Statement to the Police – What Happens Next?":**
- d) **I consent to police having access to my medical record(s) in relation to this matter:** (obtained in accordance with local practice)
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- g) **The information recorded above will be disclosed to the Witness Service so that they can offer help and support, unless you ask them not to. Tick this box to decline their services:**

**Witness Signature:** ..... **Print Name:** .....

**Parent/Guardian/appropriate adult Signature:** ..... **Print Name:** .....

**Address and telephone number if different from above:**

**Statement Taken By (print name):** ..... **Station:** .....

**Time and Place Statement Taken:**

**Witness Statement**

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005, Rule 27.1

URN:				
Crown Court No:				

at

Witnesses ( 1 ) ..... ( 4 ) .....  
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\_\_\_\_\_  
 Name of person submitting form and date

Name / Signature: \_\_\_\_\_

**Witness Statement**

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005 , Rule 27.1

**Name / Signature:** \_\_\_\_\_

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