

Official Use Only	
Fee	£328.40
On-Line Receipt No.	
C&D Receipt No.	257082
Licence No.	



Customer Use On-line Receipt No.
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**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.

<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>Name: ZHIMING CHEN Maiden name (if applicable): Address (private): [REDACTED] Date of birth: [REDACTED] Telephone No: [REDACTED] Passport No: [REDACTED] OR NI No: [REDACTED]</p>
<p>2. Trade name and address of premises</p>	<p>Name: CHINA HEALTH SPA Address: Unit 1, Horizon Building 15 Hertshere Road, LONDON, E11 4AW Telephone No: [REDACTED] Email: [REDACTED] Opening hours (proposed): 10:30-9:30</p>
<p>3. Please supply details of person responsible for the management of the establishment if other than the applicant.</p> <p>Please enclose 2 passport-sized photographs of applicant</p>	<p>Full Name: Address (private):  Date of birth: Telephone No: Passport No: OR NI No:</p> <p><input type="checkbox"/> Enclosed (tick if applicable)</p>

<p>4. (a) Is it proposed to employ staff at the establishment?</p> <p>(b) If so state numbers</p>	<p>(a) YES/NO</p> <p>(b) 3-5</p>
<p>5. (a) What is the legal title of the applicant(s) to occupy the premises (e.g. freehold, leasehold etc.)</p> <p>(b) If leasehold please give details of the name and address of the landlord.</p>	<p>(a) Leasehold</p> <p>(b) [REDACTED]</p>
<p>6. What parts of the building is it proposed to use under the licence (e.g. basement, ground floor)?</p>	<p>Ground Floor</p>
<p>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.</p>	<p>Acupuncture, Moxibustion, Tui-Nai Acupressure, Massage (Indra Head, Aromatherapy, Shiatsu, Reflexology, Sports, Hot stone, Thai, Deep Tissue), Manicure, Pedicure, Facial</p>
<p>8. State whether it is desired to give treatment to both sexes or to men or women only?</p>	<p>Both Sexes</p>
<p>9. State whether exemption from condition 7 is required (see note J) for massage purpose only.</p>	<p>No</p>
<p>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</p> <p>(a) Owner or director of owning company; or</p> <p>(b) employee</p>	<p>Address:</p> <p>NIL</p> <p>(a)</p> <p>(b)</p>
<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) YES</p>

12. 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)

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.

- Electrical inspection certificate for portable appliances, as requested under the Electricity at Work Regulations 1989
- Two passport-sized photographs of applicant and operators
- Copies of each operator's current qualifications under the conditions of licence
- A copy of the customer vetting/history card
- Copies of the current treatment list and price list
- 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.

**13. DETAILS OF PREVIOUS CONVICTIONS, DISQUALIFICATION ETC.**

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).

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
[REDACTED] we already have their details	Acupuncture Acupressure Massage	The Association of Traditional Chinese Medicine (UK)	[REDACTED]	[REDACTED]	Changchun China
[REDACTED]	Manicure & Spa Pedicure	The CarttonistHe	[REDACTED]	[REDACTED]	Italy
[REDACTED]	Massage Reflexology Sports Massage	Ministry of Human Resources and Social Security	[REDACTED]	[REDACTED]	Guangxi China

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 20/9/17 ..... 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	CHINA HEALTH SPA Ltd
Registered Office address of Limited Company	Unit 1, Horizon Building 15 Hertsmeare Road LONDON, E14 4AW
Telephone number	[REDACTED]
Registered Company number	07085058
Names of all Directors and position.  Are any of the Directors involved with other companies that hold a Special Treatments Licence? Please detail.	ZHIMING CHEN
Does the Limited Company have licensed premises elsewhere?  If so, please detail.	NIL

This form has been completed by ZHIMING CHEN.....(name)  
.....Director.....(position)

[Redacted Signature]

.....(signature)

20/9/2017

.....(date)

### NOTE

- A. The application should be made by the occupier of the premises.
- B. In the case of a limited company, please also complete Part 4 which seeks details of the company.
- C. Four sets of plans of the premises must be submitted in accordance with directions contained in the Council's rules governing applications for licences.
- D. If required, a notice on the form prescribed by the Council must be exhibited at the premises for twenty-eight days from the date on which the application is made, and within seven days the application must be advertised in a local newspaper which circulates in the locality in which the premises are situated and which is on sale at local newsagents.
- E. Licences normally expire 12 months from the date of issue.
- F. If premises are not already constructed or adapted so as to permit access to and from the premises by disabled people, the Council will expect proposals to be submitted to the Environmental Health Department indicating how such access will be afforded.
- G. Premises are reminded that it is against the law to smoke in all 'enclosed' and 'substantially enclosed' public places and workplaces. No smoking signs must be displayed in all smokefree premises. Staff smoking rooms and indoor smoking areas are no longer allowed.
- H. Two identical full-face passport size photographs (taken within the previous 12 months) of all persons who will be giving treatments at the premises must be supplied with this form. Each photograph should be endorsed with the date on which it was taken, bear the name in block capitals of the person whose likeness it bears, and be signed by the applicant.
- I. No person may give treatments until the Council's approval has first been obtained.
- J. Where treatment is given or is being received to any part of the body other than the neck and head, or feet and legs below the knee or hands and arms and is not being so given by a fully qualified physiotherapist or other person entered on the register of the appropriate professional organisation whose qualifications have been approved by the Council, the treatment may be given only to persons of the same sex as the person giving the treatment, and persons of the opposite sex shall not be present.

<ul style="list-style-type: none"><li>• THE LICENCE FEE IS NON REFUNDABLE – IN ANY EVENT YOU DECIDE TO WITHDRAW YOUR APPLICATION THE LICENCE FEE WILL BE RETAINED TO COVER ADMINISTRATION COSTS.</li></ul>
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