

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

Customer Use
On-line Receipt No.

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,

TRADING STANDARDS &
29 AUG 2018
ENVIRONMENTAL HEALTH
(COMMERCIAL)

New 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: ACU & HERBS LTD Maiden name (if applicable): Address (private): 56 SKYLINES VILLAGE LIMEHARBOR E14 9TS Date of birth: Telephone No: [REDACTED] Passport No: OR NI No:</p>
<p>2. Trade name and address of premises</p>	<p>Name: LITTLE JASMINE CENTRE Address: 56 SKYLINE VILLAGE LIMEHARBOR E14 9TS Telephone No: [REDACTED] Email: Opening hours (proposed) 10-30am to 9-00pm</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: LI WA HODGKINSON Address (private): [REDACTED] Date of birth: [REDACTED] Telephone No: [REDACTED] Passport No: [REDACTED] OR NI No: Enclosed (tick if applicable) <input checked="" type="checkbox"/></p>
<p>Do you have planning permission to use the premises for the intended purpose?</p>	<p>Yes / No (see K on Note) Please note that you will require sui generis</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) 2</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) STRONG DRIVE LTD 32-33 SKYLINES BUSINESS VILLAGE E14 9TS</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>MASSAGE REFLEXOLOGY</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>N/A</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 (b) employee</p>	<p>Address:</p> <p>NONE</p> <p>(a) (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) N/A</p> <p>(c) N/A</p>

12. Please indicate whether the following are enclosed with your application. (A licence cannot be issued without them. These can be provided at a later stage)

If you are in the process of employing therapists please indicate this on the form. Once suitable therapists are selected, current qualifications for each operative and photographs will be required before a license can be issued.

- 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 (advisable to have)
- Cheque/PO for £338.00 / £544.00 (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.
- Copy of Public Notice placed in Newspaper.
Applied 25/6/18

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
	MASSAGE	VTCT LEVEL 3 NVQ DIPLOMA			
	MASSAGE	PRACTITIONER OF CHINESE MASSAGE			
	MASSAGE	INDEPENDENT PROFESSIONAL THERAPISTS INT			

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 25/5/18 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	ACU = HERBS LTD
Registered Office address of Limited Company	56 SKYLINES VILLAGE LIME HOUSE E14 9TS
Telephone number	[REDACTED]
Registered Company number	0689 8458
Names of all Directors and position.	[REDACTED] 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

[REDACTED] (name)
DIRECTOR (position)
[REDACTED] (signature)
25/5/15 (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.
- K. If you are unsure as to whether you have the relevant planning permission please contact the planning department at Tower Hamlets Council: Planning Department, Mulberry Place, 5 Clove Crescent
London E14 2BG Tel: 020 7364 5009 Fax: 020 7364 5415
Email: planningandbuilding@towerhamlets.gov.uk

• 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.

FOR DISPLAY TO THE PUBLIC ON OR NEAR THE PREMISES

LONDON BOROUGH OF TOWER HAMLETS
London Local Authorities Act 1991

Special Treatments Licence
NOTICE OF APPLICATION

1) Address of Premises

.....
..... 56 SKYLINES VILLAGE LIME HARBOUR E14 9TS

2) Applicants Name & Address

..... ACU + HERBS LTD 56 SKYLINES VILLAGE E14 9TS

TAKE NOTICE that I/we the above-named being occupier(s) owner(s) of the above premises have this day applied to the Council of the London Borough of Tower Hamlets for the above premises to be licensed under the above Act for the following SPECIAL TREATMENT

3) .. MASSAGE + REFLEXOLOGY

4)

Any person WISHING TO OBJECT to my application should do so by giving notice in writing stating in general terms the grounds of objection to:

Environmental Health and Trading Standards- Health and Safety Team
London Borough of Tower Hamlets
John Onslow House
1 Ewart Place
London
E3 5EQ

4) Dated this TWENTY EIGHTH day of AUGUST 2018

5) Signed

NOTE: THE COUNCIL ON CONSIDERING THE APPLICATION HAS POWER ON GRANTING THE LICENCE TO IMPOSE CONDITIONS (AMONGST OTHERS) AS TO THE HOURS OF OPENING AND TO REFUSE THE SAME (AMONG OTHER GROUNDS) BECAUSE THE PREMISES IS LIKELY TO BE A NUISANCE OR IS OPERATED IN AN IMPROPER MANNER.

FULL PARTICULARS OF THE COUNCIL'S POWER CAN BE OBTAINED FROM THE ENVIRONMENTAL HEALTH SECTION.

LONDON BOROUGH OF TOWER HAMLETS

COMMERCIAL TEAM

SPECIAL TREATMENT LICENCES

EXHIBITION OF A NOTICE AT PREMISES

On the date of which application is made for a licence, renewal or transfer the applicant is required to put up a notice at the premises in a place where it can easily be seen and read by persons in the street or adjoining public place. The notice must be kept exhibited for 28 days.

A copy of the notice is attached.

The notice must be dated to show the day it was first exhibited.

Please complete the form below and return it to the address stated with the date the notice was first displayed.

Environmental Health and Trading Standards- Health and Safety Team
London Borough of Tower Hamlets
John Onslow House
1 Ewart Place
London
E3 5EQ

The prescribed notice of the application for a licence for the above premises was first exhibited in the position it now occupies on

Date 28 AUGUST 2015

Name of Premises LITTLE JASMINE CENTRE

Address 56 SKYLINE VILLAGE E14 4TS

The notice will be displayed for 28 days from the date

Date 28/8/15

Signed 



Li Wa Hodgkinson

has achieved the following units from within the qualification

**VTCT Level 3 NVQ Diploma in Beauty Therapy
Massage (QCF)**

URN	Unit Title	Level	Credit Value
Y/601/5875	Monitor procedures to safely control work operations	3	4
R/600/1277	Contribute to the planning and implementation of promotional activities	3	5
A/600/7462	Provide body massage treatments	3	10
D/600/7504	Provide Indian head massage	3	7
K/600/7523	Carry out massage using pre-blended aromatherapy oils	3	8
J/600/7545	Provide stone therapy treatments	3	10
D/600/9012	Provide single eyelash extension treatments	3	5
R/600/7533	Provide self-tanning services	3	3

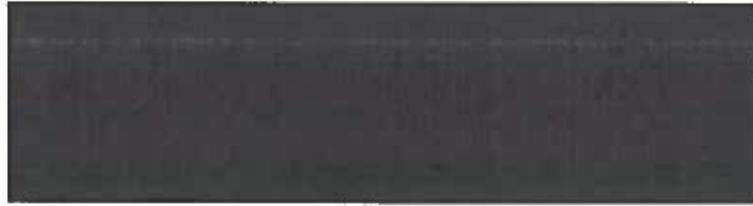
Date: 11/06/2014

Registration No:

Dr Stephen Vickers
Chief Executive



CERTIFICATE OF
PROFESSIONAL MEMBERSHIP



Member

of the
Federation of Holistic Therapists

Registered Membership No: [REDACTED]
Membership valid until: 15/08/2019

Elected to the following council (s):
Health & Beauty Employers Federation
International Council of Holistic Therapists

Members of the Federation agree to abide by its Code of Conduct and Professional Practice, bye-laws and disciplinary procedures in order to ensure the safety and wellbeing of their clients.



Therapists Insurance Package Statement of Fact

Date Issued 17/08/18

Membership number

Policyholder

Policy Number



FHT
COMPLEMENTARY • BEAUTY • SPORTS

Important:

This Statement of Fact is based on the information you supplied to us and forms the basis of the contract between you and the Insurer together with the enclosed Policy Schedule(s), Policy Wording and Summary of Cover. It is important that you check the information carefully and tell us immediately if there are any discrepancies.

Please ensure that you have provided us with details of any information, which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant please let us have details.

We draw your attention specifically to the conditions and exclusions. In particular, as failure to comply may mean that Insurers will not pay your claim.

You may cancel this policy by giving written notice to us within 14 days of the start of the period of insurance and you will receive a refund of any premium paid, less any administration fee.

At any other time, you may cancel this policy by giving 30 days' written notice. In such circumstances no refund of the premium for the remaining period will be given.

Therapists stock & equipment cover Security Condition (if cover applies)

Please note that the following condition will apply. If you are not able to comply with any part of it please notify us prior to taking out the policy as failure to comply may mean that Insurers will not pay your claim.

Security

The security measures at the insured location(s) comply with the following criteria:

Physical Security

The devices for the security of your premises are in accordance with the following specification and all devices are put into full and effective operation whenever the premises are closed for business or left unattended.

Specification

1. The final exit door is secured by means of either a mortice deadlock or rimlock conforming to or superior to BS3621, or a key operated multi-point locking system having at least three locking bolts.
2. All other external doors, and internal doors providing access to any part of the building not occupied by you, are secured by means of either a locking device specified in 1 above, or by two key operated security bolts to engage the door frame.
3. Any external door, or internal door providing access to any part of the building not occupied by you, is secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle and/or thumb turn mechanism.
4. All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, down pipes and other features of the building are secured by means of a key operated locking device or permanently screwed shut.

Notes

The local fire authority must be consulted before you replace or augment the existing locking device fitted to a designated emergency exit door.

The provisions of specification 4 do not apply to windows/skylights that are protected by means of either fixed round or square section solid steel bars not more than 10 cm apart, or fixed expanded metal, weld mesh or wrought ironwork grilles, or proprietary collapsible locking gate grilles.

Hiscox 1 Great St Helen's London EC3A 6HX United Kingdom



COMBINED MEDICAL MALPRACTICE AND PUBLIC AND PRODUCTS LIABILITY FOR THERAPISTS

Policy Number:-

FEDERATION OF HOLISTIC THERAPISTS SCHEME

COMBINED MEDICAL MALPRACTICE AND PUBLIC AND PRODUCTS LIABILITY FOR THERAPISTS

**Section wording
Insurer
Limit of Indemnity
Limit applies to**

[REDACTED]
Hiscox Insurance Company Limited
£3000000
any one claim, but limited to £5000000 in the aggregate for all claims, losses and defence costs during the period of insurance

[or for student therapists]

any one claim, but limited to £2,000,000 in the aggregate included defence costs, in respect of all claims, losses and defence costs arising as a result of therapies that you are practicing as a student. We will only pay such claims, losses and defence costs if you have made us aware of the therapies being practiced and if they are shown in the schedule under Business Activities.

in the aggregate for all claims, losses and defence costs during the period of insurance

**Excess
Excess applies to
Geographical limits
Applicable courts**

£0
each claim or loss excluding defence costs
UK, Isle of Man, Jersey, Guernsey, Ireland and Malta plus up to 30 days anywhere in the World excluding USA and Canada.
European Union

Your business activities

Body Massage, Indian Head Massage, Massage with Aromatherapy Oil Blends, Stone Therapy

Special Limits (included within and not in addition to the overall limit above)

Sexual misconduct £500,000

Hiscox 1 Great St Helen's London EC3A 6HX United Kingdom



COMBINED MEDICAL MALPRACTICE AND PUBLIC AND PRODUCTS LIABILITY FOR THERAPISTS

Policy Number:- [REDACTED]

INSURANCE DETAILS

Period of Insurance : From 16th August 2018 to 15th August 2019, both days inclusive
Date Issued to Insured: 17 August 2018
Underwritten by : Hiscox Underwriting Ltd on behalf of the insurers listed for each section of the policy
Payment method : Payment by Broker's Account

INSURED DETAILS

Insured : [REDACTED]

Address : Little Jasmine Therapy Centre, 20 Skyline Village, Limeharbour, LONDON, UNITED KINGDOM, E14 9TS

Business Description : Therapist

Insured Grade : Member

General terms and conditions wording : The General terms and conditions apply to this policy in conjunction with the specific wording detailed in each section below

PREMIUM DETAILS (inc extensions)

Annual Premium:	£ 28.67
Annual Extensions	£ 0.00
Annual Tax:	£ 3.44
Annual Admin:	£ 14.70
Annual Total:	£ 46.81

EXTENSIONS (if applicable)

Cover(s)	Start Date	End Date	Total Paid
None Listed			



Association of Chinese Medicine Practitioners

英国中医执业医师学会

Chinese Massage Practitioner Certification

中医推拿从业人员证书

We hereby certify that



林金莲

**Has been accepted as a member of
Association of Chinese Medicine Practitioners(ACMP)
And is a fully qualified practitioner of
Chinese massage(Tuina)**

**All members of Register
Are bound to uphold the highest Chinese Medicine
And are bound by
The Code of Ethics of the Association**

Membership No:



President:



Date of issue:25 June,2018

Expiry Date: 30 June,2019



**INDEPENDENT PROFESSIONAL
INTERNATIONAL THERAPISTS**
RET FORD : ENGLAND
Certifies that

[REDACTED]
has undertaken professional training to standards
acceptable to examination boards in the
United Kingdom and/or other National or State
Authorities and is thereby accepted into membership



[REDACTED]
Director-General

[REDACTED]
Executive Secretary

Full Member
Membership Grade

[REDACTED] 4 July 2018
Membership Number Date



MASTER/GROUP POLICY EVIDENCE OF INSURANCE

THIS DOCUMENT (EVIDENCE OF INSURANCE) IS ISSUED FOR INFORMATION ONLY. IT DOES NOT CONSTITUTE A LEGAL CONTRACT OF INSURANCE. THIS EVIDENCE IS FURNISHED IN ACCORDANCE WITH, AND IN ALL RESPECTS IS SUBJECT TO, THE TERMS OF THE MASTER/GROUP POLICY. THIS EVIDENCE REPLACES ANY OTHER EVIDENCE PREVIOUSLY ISSUED COVERING THE INSURANCE DESCRIBED HEREIN.

This document is to notify the person(s) named below (the "covered party") that the following insurance has been effected with Novae Underwriting Limited on behalf of certain underwriters at Lloyd's (the "Underwriters") under a Master/Group Policy (the "Master Policy") issued to the Master/Group Policyholder (the "Master Policyholder") bearing the Master Policy Unique Market Reference shown below

The Original Master Policy Document may be inspected at the offices of the Master Policyholder and a copy is available on request to the Master Policyholder. The respective names of and proportions underwritten by the Underwriters can be ascertained from the office of the Master Policyholder. The relevant terms of coverage provided under the Master Policy are set out in the attached document

- | | |
|--|-------------------------|
| 1. Covered Party | [REDACTED] |
| Address | [REDACTED] |
| Membership number | [REDACTED] |
| 2. Name and address of Master Policyholder | [REDACTED] |
| 3. Master Policy Unique Market Reference | [REDACTED] |
| 4. Period of Cover, Both days inclusive | 04/07/2018 - 28/02/2019 |
| 5. Limit of Liability/Sum Insured | £2,000,000 |
| 6. Insurance Treatment numbers | 14 |
| 7. Retroactive Date | 04/07/2018 |
| 8. Premium | £22.28 |
| 9. Tax | £2.67 |
| 10. Total Premium plus Tax | £24.95 |
| 11. In the event of a claim please notify DSC-STRAND LTD, Swithins, Tilford Road, Farnham, Surrey GU9 8HU | |
| 12. If you wish to make a complaint please contact DSC-STRAND LTD, Swithins, Tilford Road, Farnham, Surrey GU9 8HU | |
| 13. If you have any other enquiries please contact IPTI, PO Box 106, Reiford, DN22 1WN | |
| Date of Issuance | 04/07/2018 |

POLICY FOR MEMBERS OF

INDEPENDENT PROFESSIONAL THERAPISTS INTERNATIONAL

MALPRACTICE AND PROFESSIONAL LIABILITY POLICY
INCLUDING PUBLIC & PRODUCTS LIABILITY

The policy has been arranged by DSC Insurance Services. DSC Insurance Services is a trading style of DSC-Strand Ltd, which is authorised and regulated by the Financial Conduct Authority with FCA reference number 310238

NOTE: This is a "Claims made" insurance covering only Claims made during the Period of Insurance.

In return for payment of the premium by the Insured to the Insurer the Insurer will provide the insurance described herein subject to the provisions set out in this Policy.

PROPOSED

Price List

Stiff Neck & Shoulder

30 Minutes £30

Holistic Massage

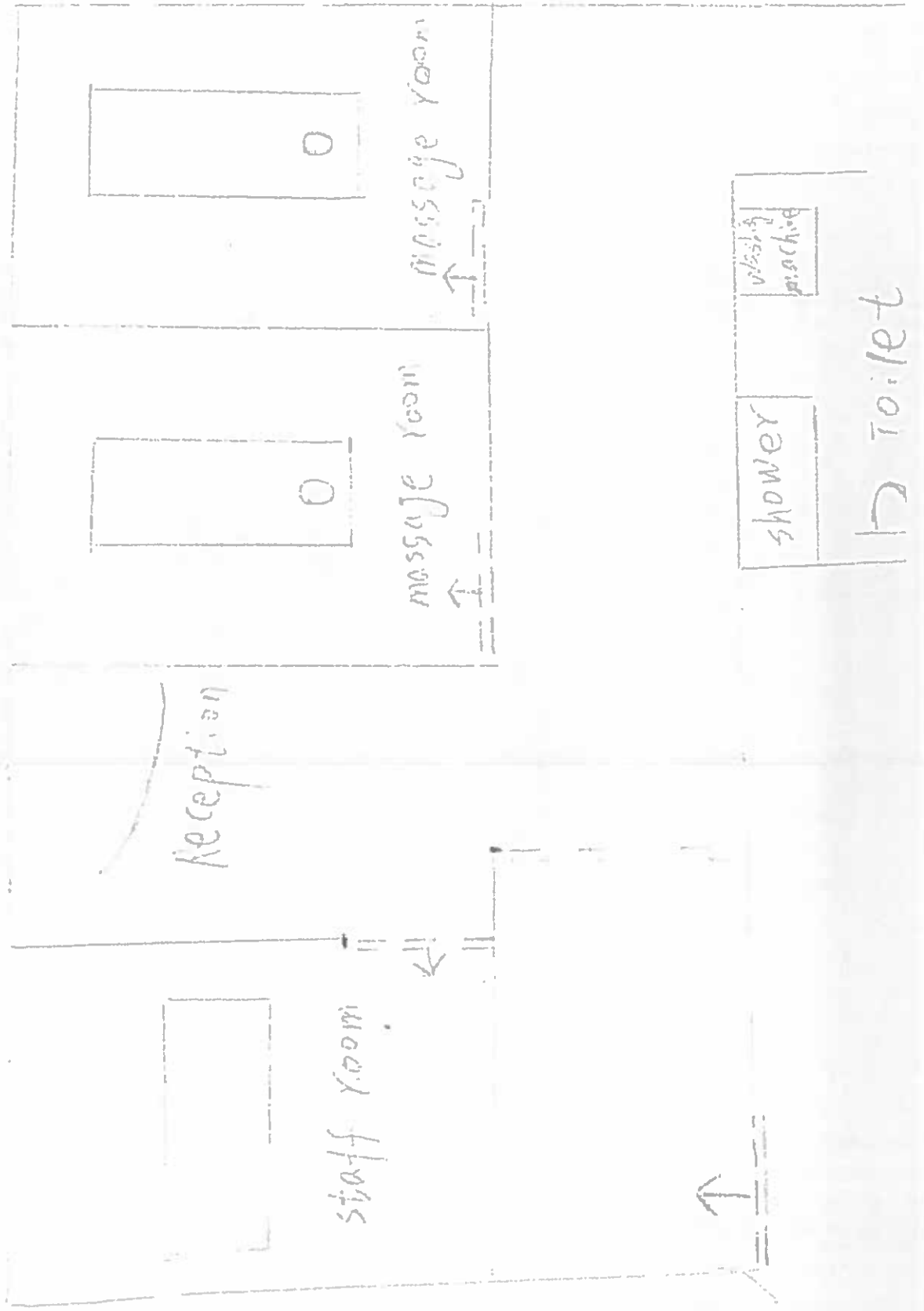
30 Minutes £28

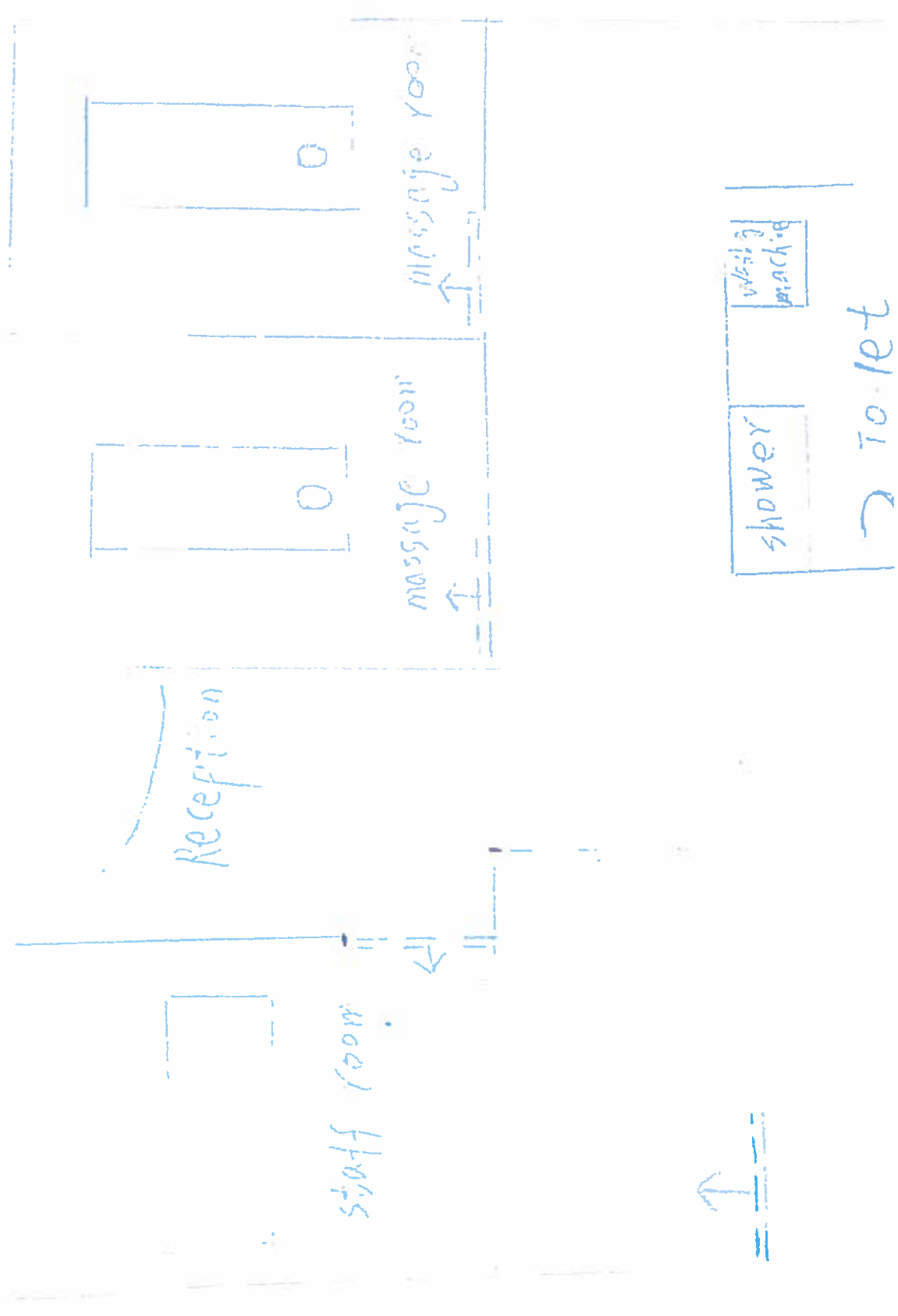
60 Minutes £48

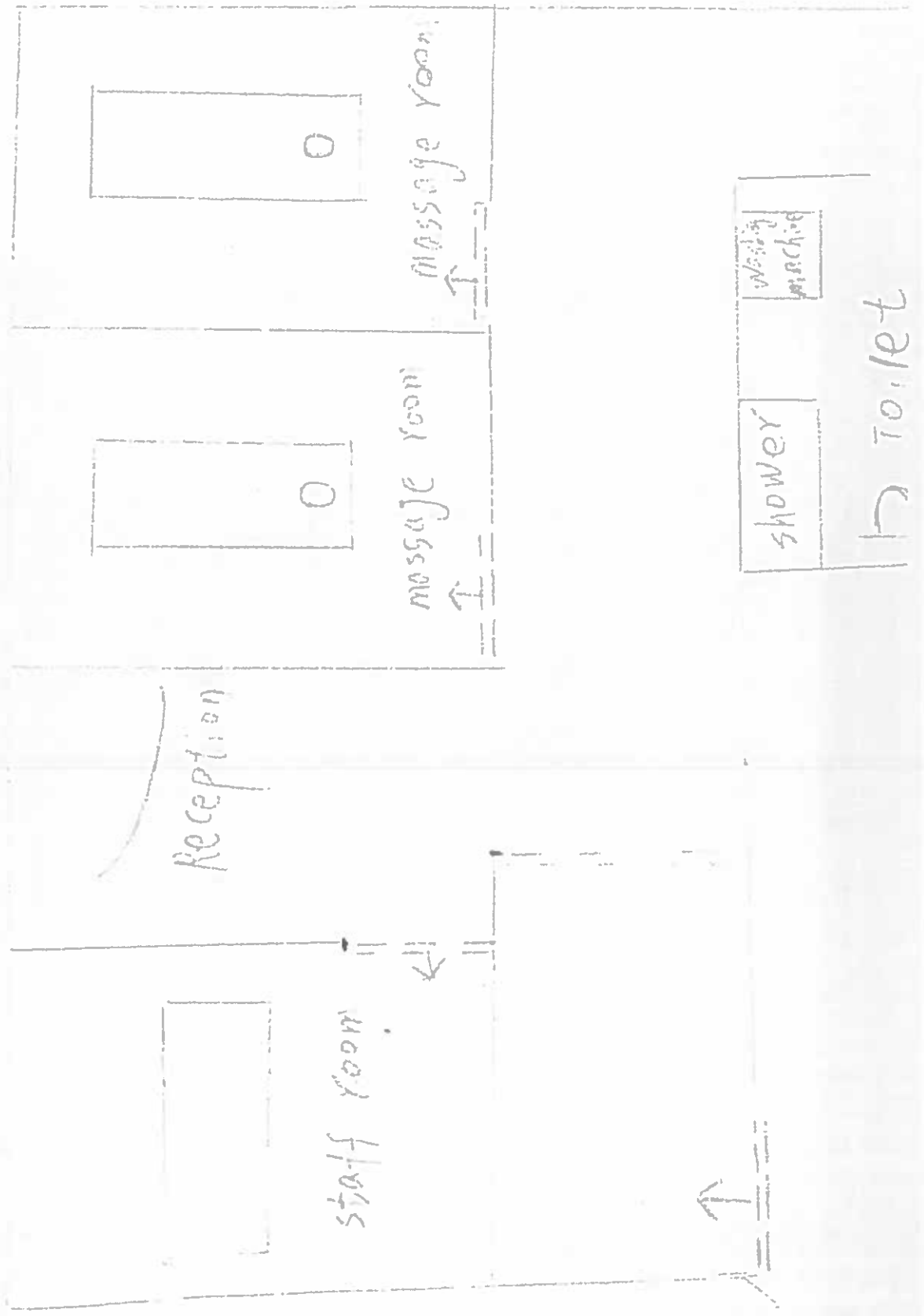
Deep Tissue Massage

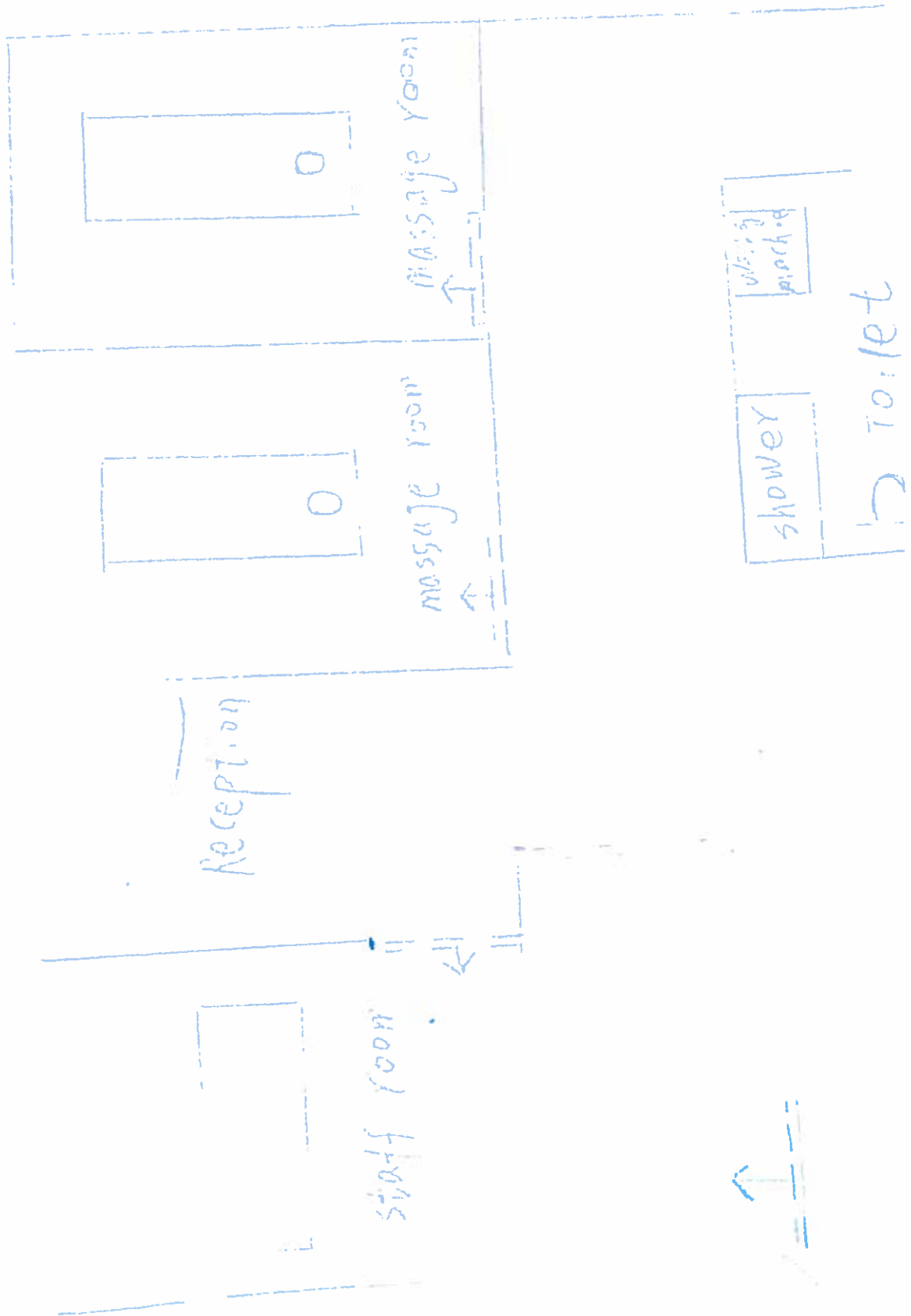
30 Minutes £30

60 Minutes £50









LONDON BOROUGH OF TOWER HAMLETS 259206

Received: Cheque P.O., M.O. C022006 Date 29th August 2018
Cash

Received of Acu & Herbs Limited
the sum of Three hundred & Thirty-eight pounds
and Nil pence, in respect of
Special Treatments licence - Little Jasmine Centre
56 Skylines Village, Lurcharbox, E14 9TS

Amount
£ 338 . 00



54040-40560

NOT EXCHANGE OF FUNDS

**INDEPENDENT PROFESSIONAL THERAPISTS
INTERNATIONAL
RETTORI : ENGLAND**

Certifies that

[REDACTED]
**has undertaken professional training to standards
acceptable to examination boards in the
United Kingdom and/or other National or State
Authorities and is thereby accepted into membership**



[REDACTED]
Director General

[REDACTED]
Executive Secretary

Full Member
Membership Grade

[REDACTED]
Membership Number

1 September 2018
Date

