

Appendix 1

Official Use Only	
Fee	£388.00
On-Line Receipt No.	L
C&D Receipt No.	259246
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,

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: <i>Genesis New World London Ltd</i> Maiden name (if applicable): Address (private): [REDACTED] Date of birth: Telephone No: [REDACTED] Passport No: [REDACTED] OR NI No: [REDACTED]</p>
<p>2. Trade name and address of premises</p>	<p>Name: <i>Boon Bansara</i> Address: <i>87, Whitechapel High Street E1 7QX</i> Telephone No: [REDACTED] Email: [REDACTED] Opening hours (proposed) <i>10 AM - 10 PM</i></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: <i>Ruby Chan</i> Address (private): [REDACTED] Date of birth: [REDACTED] Telephone No: [REDACTED] Passport No: [REDACTED] OR NI No: [REDACTED]</p> <p>Enclosed (tick if applicable)</p>
<p>Do you have planning permission to use the premises for the intended purpose?</p>	<p><input checked="" type="radio"/> Yes / <input type="radio"/> No (see K on Note) <i>D1</i> 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) <u>YES</u>/NO</p> <p>(b) 3</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)</p>
<p>6. What parts of the building is it proposed to use under the licence (e.g. basement, ground floor)?</p>	<p>Top Floor (2nd 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>Thai Traditional Massage, Swedish Massage, Reflexology, Deep Tissue Massage, Hot Stone, Indian Head Massage, Holistic, Aromatherapy, Sports Massage</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 12 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>N/A</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 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

New equipment.

Two passport-sized photographs of applicant and operators

Copies of each operator's current qualifications under the conditions of licence

*- sent to Natalie -
Email will send*

A copy of the customer vetting/history card

Email will send

Copies of the current treatment list and price list

Email will send

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.

will send to council
Copy of Public Notice placed in Newspaper.

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
N/A					

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
<p>You must list all the therapists working at your premises even if we already have their details</p> <p>Chanita King panumay King</p>	<p>Please list all the treatments you will be performing</p> <p>massage + body health massage + body health</p>	<p>Please provide their qualifications, unless you have already submitted these previously. If that is the case please state: previously provided</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>BANGKOK THAILAND</p> <p>BANGKOK THAILAND</p>

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 20/02/2019 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	Genesis New World London Ltd
Registered Office address of Limited Company	119, Stanley Road Teddington, TW11 8UB
Telephone number	
Registered Company number	11242431
Names of all Directors and position. Are any of the Directors involved with other companies that hold a Special Treatments Licence? Please detail.	Chanita King (Director)
Does the Limited Company have licensed premises elsewhere? If so, please detail.	NO -

This form has been completed by

Chanita King(name)
Director(position)
(signature)
20/02/2019(date)

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 20 / 02 / 2019

Name of Premises BOONSAM THAI MASSAGE CENTRE

Address 87 White chapple High ST E1 7QX

The notice was exhibited for 28 days from the date

Date 20 / 02 / 2019

Signed _____



INTERNATIONAL THERAPY EXAMINATION COUNCIL

Level 3

Diploma in Holistic Massage

Accreditation: QCA 100/2404/9

ACCREDITED UNITS

Unit 1 Anatomy and Physiology

Unit 2 Holistic Massage

Unit 22 Professional Conduct & Business Awareness

awarded to

Panumas King

Student No. [REDACTED]

Grade:

Credit

Date of Exam:

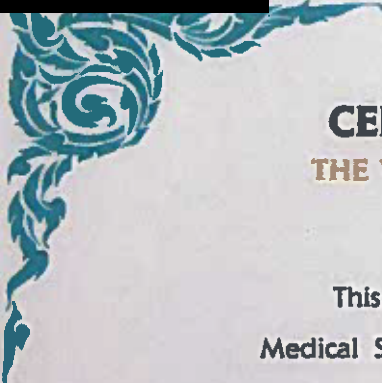
February 2005



4 November 2005

2nd Floor • Chiswick Gate • 598-608 Chiswick High Road • London • W4 5RT • UK

[REDACTED]



CERTIFICATE OF ACHIEVEMENT
THE WAT PO TRADITIONAL MEDICAL SCHOOL
BANGKOK, THAILAND

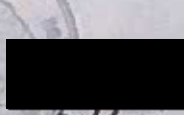
This is to certify that the Council of Wat Po Traditional
Medical School hereby confers upon

Mrs. CHANITA KING

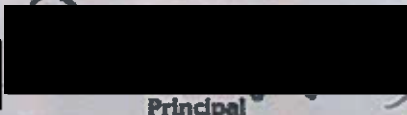
the certificate of Thai Traditional Massage in recognition of
the fulfilment of this course with all the honours and privileges
thereunto appertaining

Advanced Thai Medical Massage Therapy

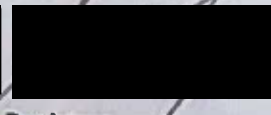
Given on 18 December 2001




Secretary



Principal



Registrar



THE CARLTON INSTITUTE
of beauty therapy

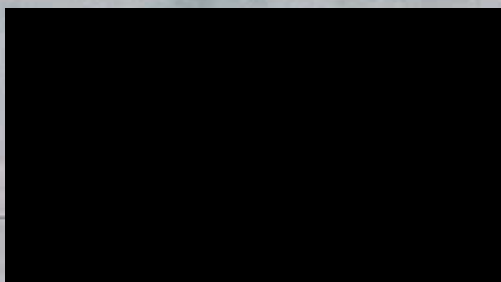
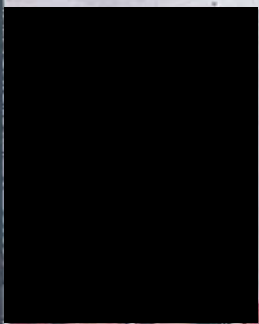
Diploma

This is to certify that

CHANITA KING

has attended an approved course of training and
successfully attained the required standard in

SPORTS MASSAGE



Dated this 17th day of October 2001

THE CARLTON INSTITUTE
of beauty therapy

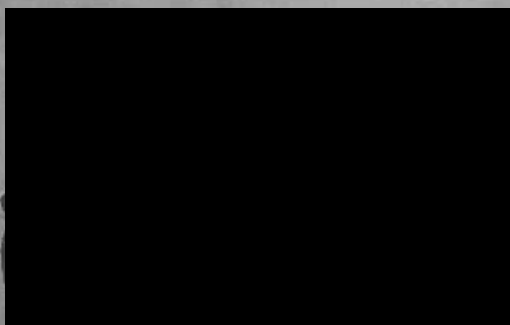
Diploma

This is to certify that

CHANITA KING

has attended an approved course of training and
successfully attained the required standard in

AROMATHERAPY MASSAGE



Dated this ^{14th} day of March 2002

THE CARLTON INSTITUTE
of beauty therapy

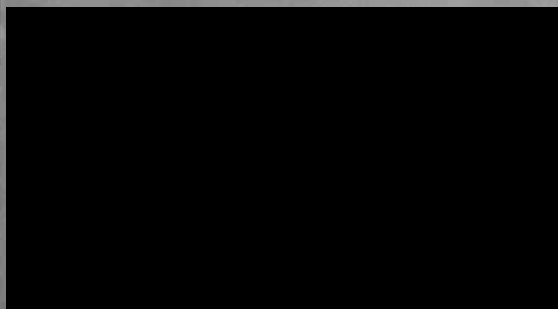
Diploma

This is to certify that

CHANITA KING

has attended an approved course of training and
successfully attained the required standard in

BODY MASSAGE



Dated this 20th day of April 2001

THE CARLTON INSTITUTE
of beauty therapy

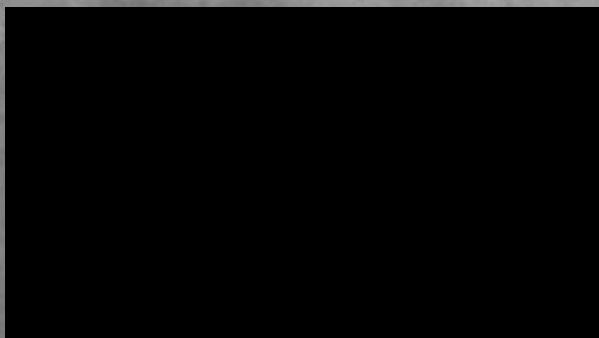
Diploma

This is to certify that

CHANITA KING

has attended an approved course of training and
successfully attained the required standard in

INDIAN HEAD MASSAGE



Dated this 29th day of January 2002

THE CARLTON INSTITUTE
of beauty therapy

Diploma

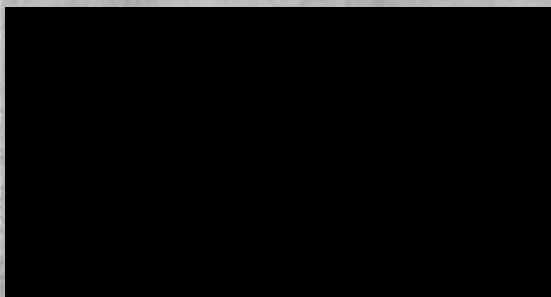
This is to certify that

CHANITA KING

has attended an approved course of training and
successfully attained the required standard in

BEAUTY SPECIALIST DIPLOMA

Comprising of:-
Make-Up
Facial Treatments
Lash and Brow Treatments
Manicure and Pedicure
Waxing
Post Graduate Sugaring



Dated this *4th* day of October 2001