

TRADING STANDARDS &

- 7 JAN 2020

ENVIRONMENTAL HEALTH

Official Use Only	
Fee	£354.00
On-Line Receipt No.	
C&D Receipt No.	
Licence No.	

Customer Use On-line Receipt No. CRRV-W94Y-DJNV

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: Sunflower London Limited Maiden name (if applicable): Address (private): 21 Wentworth Street London E1 7TB Date of birth: Telephone No: Passport No: OR NI No:</p>
<p>2. Trade name and address of premises</p>	<p>Name: Healthcare Address: 21 Wentworth Street London E1 7TB Telephone No: [REDACTED] Email: [REDACTED] Opening hours (proposed) 10am - 10pm</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: Xiaoqin Song Address (private): [REDACTED] Date of birth: [REDACTED] Telephone No: [REDACTED] Passport No: [REDACTED] OR NI No:</p> <p><input checked="" 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</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>basement & 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</p>
<p>8. State whether it is desired to give treatment to both sexes or to men or women only?</p>	<p>Both</p>
<p>9. State whether exemption from condition 12 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</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) ### N/A</p> <p>(b)</p> <p>(c)</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 £354.00 / £570.00(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.

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
YAC	BEZON				

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
Dan Xu	Full Body Massage, Reflexology	Essex Beauty Training School	[REDACTED]	[REDACTED]	China
Diana Elena Leonte	Swedish, Thai, deep tissue massage	level 3 award in massage therapy, oplex careers	[REDACTED]	[REDACTED]	Romania TARGOVISTE
Liyan Guan	chinese massage, Best Swedish massage	VTCT, Anatomical and physiological of Body systems	[REDACTED]	[REDACTED]	China
Xiao Qin Song	Relexation	No	[REDACTED]	[REDACTED]	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 03/01/2020 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	Sunflower London Limited
Registered Office address of Limited Company	21 Westwoth Street London E1 7TB
Telephone number	[REDACTED]
Registered Company number	09826110
Names of all Directors and position.	Xiao Qin Song (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(name)
Xiao Qin Song
.....(position)
Director
[REDACTED](signature)
03/01/2020(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 12 / 12 / 2019

Name of Premises Healthcare

Address 21 Wentworth Street, London, E1 7TB

The notice will be displayed for 28 days from the date

Date 12 / 12 / 2019

Signed 



VTCT

Liyan Guan

has achieved the following unit

Unit reference	Unit title	Level	Credit(s)
A/600/7462	Provide body massage treatments	3	10

Alan Woods OBE
Chief Executive

Qualification Number: | Awarded: 26/11/2017 | Learner Number: 1265265

Registration Number: 0-312-13-01-V68M 173/001



ESSEX BEAUTY
TRAINING SCHOOL

Essex Beauty Training School

Certificate

This certifies that

Dan Xu

Has successfully completed the required course
of study accredited by Professional Beauty
Direct, and is therefore awarded this

Full Body Massage Diploma

15th January 2019

N Donovan

Nancy Donovan - Tutor

ACCREDITED BY
PROFESSIONAL
beautydirect 

INDEPENDENT PROFESSIONAL THERAPISTS
INTERNATIONAL
RETFORD: ENGLAND
Certifies that

Dan Xu

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



Director-General
[Redacted]

Niesla Condy
Executive Secretary

Full Member 23372 14th September 2019
Membership Grade Membership Number Date

This is to certify that

Diana Elena Leonte

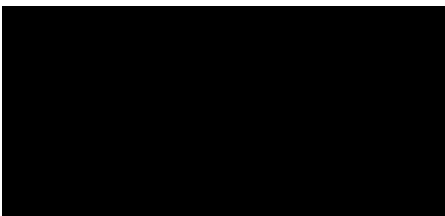
has successfully completed the

Level 3 Award in

Massage Therapy

achieving a Distinction on

4th March 2019



Academic Registrar

CPD
CERTIFIED

**The CPD Certification
Service**
Collective Mark

15517966393843

*The content of this course conforms to universally accepted
Continuous Professional Development (CPD) guidelines*

PORTABLE APPLIANCE TESTING CERTIFICATE

Certificate Date: 18/02/2019

No: PAT000033PAT/

CLIENT DETAILS				SITE ADDRESS				DETAILS OF THE CONTRACTOR											
Name/Company: Sunflower london ltd Address: 21 wendworth street LONDON Postcode: E1 7TB Tel: N/A				Name/Company: Sunflower London LTD Address: 21 Wendworth Street london Postcode: E1 7TB Tel: N/A Email: wtnried810@gmail.com				Name/Company: PROTECH Address: 59 A IMPERIAL WAY CROYDON UK Postcode: CRO 4RR Tel: 02086035568 Testing Engineer: A miller (electrician)											
Test Date	Serial Numbr	Description	Location	Retest pe	Asset no	Rated Load	Voltage	Class	Fuse rating	Visual	Bond Contin	Insulation	Measured	Leakage C	Polarity	Portable R	Retest date	Notes	Pass/Fail
17/02/2019	N/A	Fish tank	Front desk	12	16	0.2	230	1	3	Pass	>20	N/A	N/A	N/A	Pass	Pass	17/02/2020		Pass
18/02/2019	N/A	Extension lead	Front desk	12	17	N/A	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	18/02/2020		Pass
18/02/2019	N/A	amplifier	N/A	12	18	N/A	230	1	N/A	Fail	>20	>200	N/A	N/A	Pass	Pass	18/02/2020	N/A	Pass
18/02/2019	N/A	Extension lead	Back	12	19	N/A	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	18/02/2020		Pass
18/02/2019	N/A	Cash machine	Back	12	20	N/A	230	1	10	Pass	>20	>200	N/A	N/A	Pass	Pass	18/02/2020	N/A	Pass
18/02/2019	N/A	extension	N/A	12	21	N/A	230	1	13	Pass	>20	>200	N/A	N/A	Fail	N/A	18/02/2020	N/A	Pass
18/02/2019	N/A	Card machine	N/A	12	22		230	1	13	Pass	>20	>200	N/A	N/A	Fail	Pass	18/02/2020		Pass
18/02/2019	N/A	lead	N/A	12	23	13	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	18/02/2020		Pass
18/02/2019	N/A	Washing machine	Small room	12	24	N/A	230	1	13	Pass	>200	>200	N/A	N/A	Pass	Pass	18/02/2020		Pass
18/02/2019	N/A	Tumble dryer	Small office	12	25	N/A	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	18/02/2020		Pass

DECLARATION OF COMPLETION	
I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current regulations, industry standards and procedures.	
Engineer's Signature:	Engineer's Name: AUDLEY MILLER Date: 18/02/2019

PORTABLE APPLIANCE TESTING CERTIFICATE

Certificate Date: 18/02/2019

No: PAT000033PAT/

CLIENT DETAILS			SITE ADDRESS			DETAILS OF THE CONTRACTOR		
Name/Company: Address: Postcode: Tel:	Sunflower London Ltd 21 Wentworth Street LONDON E1 7TB N/A	Name/Company: Address: Postcode: Tel: Email:	Sunflower London LTD 21 Wentworth Street London E1 7TB N/A winred510@gmail.com	Name/Company: Address: Postcode: Tel: Testing Engineer:	PROTECH 59 A IMPERIAL WAY CROYDON UK CR0 4RR 0208035585 A Miller (electrician)			

Test Date	Serial Numbr	Description	Location	Releaset pe	Asset no	Rated Load	Voltage	Class	Fuse rating	Visual	Bond Contin	Insulation	Measured	Leakage c	Polarity	Portable R	Releaset date	Notes	Pass/Fail
17/02/2019	N/A	HEATER	ROOM1	12	01	2.5KW	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Fail	17/02/2020		Pass
17/02/2019	N/A	LAMP	ROOM1	12	02	5 A	230	1	5 A	Pass	>20	>200	.200	N/A	Pass	Pass	17/02/2020	N/A	Pass
17/02/2019	N/A	HEATER	ROOM2	12	03	2.5 KW	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020		Pass
17/02/2019	N/A	LAMP	ROOM 4	12	04	0.5KW	230	1	5A	Fail	>20	>200	N/A	N/A	Pass	Pass	17/02/2020		Fail
17/02/2019	N/A	EXT LEAD	PASSAGE	12	05	N/A	230	1	10	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020		Pass
17/02/2019	N/A	PLUGIN LIGHTS	PASSAGE	12	06	N/A	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020	N/A	Pass
17/02/2019	N/A	HEATER	ROOM 4	12	07	2.5KW	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020		Pass
17/02/2019	N/A	HEATER	ROOM5	12	08	2.5	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020		Pass
17/02/2019	N/A	HEATER	ROOM5	12	09	2.5	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020	N/A	Pass
17/02/2019	N/A	HEATER		12	10	2.5	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020		Pass
17/02/2019	N/A	KETTLE	KITCHEN	12	11	0.5	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020	N/A	Pass
17/02/2019	N/A	MICROWAVE	N/A	12	12	0.5KW	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020	N/A	Pass
17/02/2019	N/A	DRYER	SMALL	12	13	2.5	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020		Pass
17/02/2019	N/A	HEATER	NA	12	14	2.5 KW	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Fail	17/02/2020		Pass
17/02/2019	N/A	CANDLE LIGHTS	N/A	12	15	0.54KW	230	1	13	Pass	>20	7200	N/A	N/A	Pass	Pass	17/02/2020		Pass
17/02/2019	N/A	HEATER	N/A	12	14	2.5KW	230	1	13	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020		Pass
17/02/2019	N/A	CANDLE LIGHTS	FRONT	12	15	N/A	230	1	13 A	Pass	>20	>200	N/A	N/A	Pass	Pass	17/02/2020		Pass

DECLARATION OF COMPLETION

I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current regulations, industry standards and procedures.

Engineer's Signature: [REDACTED] Engineer's Name: **AUDLEY MILLER** Date: 18/02/2019



Tel: 0333 600 0001
Fax: 0333 600 0002
Email: info@directbusinessinsurance.com
Web: www.directbusinessinsurance.com
Address: PO Box 679, St Albans, AL2 3RN

Direct Business Insurance is a trading style of RiskAlliance Direct Ltd, Authorised and Regulated by the Financial Conduct Authority, Number 725820
Registered Office 2 Aire Valley Business Park, Wagon Lane, Bingley, West Yorkshire BD16 1WA. Registered in England - Number 07505078

Sunflower London Ltd t/a Healthcare
21
Wentworth Street
London
E1 7TB

11 December 2019

Dear Ms Xiao Qin Song,

Insured: Sunflower London Ltd t/a Healthcare, 21, Wentworth Street, London, , E1 7TB
Policy No: [REDACTED]
Period of Insurance: 10 January 2020 to 09 January 2021

We now enclose your policy schedule, statement of facts, acceptance form and invoice.

The complete policy form should be downloaded from:
www.directbusinessinsurance.com/hiscoxhairbeautywording.pdf

Please note that in order to view the policy wording you will require PDF software, such as Adobe Reader. Adobe Reader is freely available on <http://get.adobe.com/reader/>

If you do not have access to a computer, please contact us and we will send you a printed copy free of charge.

Unless we hear from you on the contrary we will of course assume that you have downloaded the full policy, which should be read and checked by yourself.

Please read the document and check that it meets with your requirements. Particularly, please check that the sums insured and covered sections are correct and that you are complying with the policy conditions. Conditions and Exclusions as standard for all policy holders are as stated in the policy document itself. These are shown separately within each section of the policy document and any additional Special Conditions or Exclusions for your particular policy included in the Schedule.

Examples of conditions that we particularly wish to bring to your attention are those relating to minimum security standards (required locks etc.) security protections (such as alarms, if applicable to your risk) deep fat frying and extraction conditions (requirements for cleaning and inspection). Please note that failure to comply with any policy condition or warranty can invalidate your claims and the policy.

PLEASE CHECK THE POLICY SCHEDULE ATTACHED FOR "SPECIAL CONDITIONS OR SPECIAL EXCLUSIONS" SUCH AS THEFT OF FLOOD. IF NO SPECIAL CONDITION EXCLUSION IS ADDED THEN THE ONLY CONDITIONS OR EXCLUSIONS APPLYING ARE THOSE IN THE BODY OF THE POLICY DOCUMENT.

Regarding sums insured, please check that they are adequate. In the event of a claim your settlement could be subject to 'average' if there is under insurance (e.g. buildings must be insured for cost of re-instatement and contents for new replacement value).

Lastly, may we remind you of your obligation of disclosure of material facts relating to your risk. This obligation of disclosure continues after cover is initiated and examples of matters that would need to be disclosed are changes in business activity, location, processes carried out and construction. Non-disclosure of a material fact either before or after the granting of cover could invalidate a claim. Please discuss with us this important aspect of your insurance arrangements if you are in doubt as to whether a matter is material or not.

If you wish to discuss these matters or others relating to the policy document please do not hesitate to contact us.

Yours sincerely,

Administration Department

CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE

Policy: [REDACTED]



CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE (a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (the Regulations), one or more copies of this certificate must be displayed at each place of business at which the policy holder employs persons covered by the policy)

1.	Policy number	[REDACTED]
	Name of policyholder	Sunflower London Ltd t/a Healthcare
2.	Date of commencement of Insurance policy	10 January 2020
3.	Date of expiry of Insurance policy	09 January 2021
		Both days inclusive

We hereby certify that subject to paragraph 2:

- 1 The policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
- 2 the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Insurance Company Ltd

Notes:

- (a) Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specify applicable law as provided for in regulation 4(6) of the Regulations.
- (c) See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

About the insurer

Insurer	Hiscox Insurance Company Limited
Registered Address	1 Great St Helens, London, EC3A 6HX, United Kingdom
Company registration Status	Registered in England number 00070234 Hiscox Insurance Company Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority



Employers' Liability Tracing Office (ELTO)

Hiscox is a member of ELTO and must collect certain information about the entities insured for UK Employers' liability insurance under your policy.

Information we hold for your policy

Policy Number: [REDACTED]

Insured: Sunflower London Ltd t/a Healthcare

We hold the following information for your policy. Please check it and notify us (or your insurance intermediary if you have one) if anything is incorrect.

Employer / registered company name	Main / registered address	Postcode	HMRC Employer Reference Number (ERN)	ERN not applicable reason
Sunflower London Ltd t/a Healthcare	21 Wentworth Street London	E1 7TB	[REDACTED]	

Please refer to your policy schedule for details of our obligations, your rights and how your information may be used.

Mandatory information - what is required?

Below is a summary of the information we must collect from you to help you provide the correct information.

For the main policyholder and each additional employer or subsidiary company in the UK insured under the policy, the following is required:

1. Employer name
2. Full address of employer including postcode
3. HMRC Employer Reference Number (ERN)

Entities which do not have an HMRC ERN

If any entity insured does not have an ERN, a reason must be supplied to us from the following:

- All employees below PAYE threshold
- Business registered outside England, Scotland, Wales or NI
- The business does not have any employees



Price List

Chinese Massage	30mins	£35
	45mins	£50
	60mins	£55
Swedish Massage	30mins	£30
	45mins	£45
	60mins	£50
Thai Massage	30mins	£35
	45mins	£50
	60mins	£55
Deep Tissue Massage	30mins	£40
	45mins	£55
	60mins	£60
Shinning Massage	session	£40
Nech and Shoulder	10mins	£15
	15mins	£20
Reflexology	30mins	£40
	45mins	£55
	60mins	£65

**21 Wentworth Street
London E1 7TB
Mob:07895087802**



Xiao Qin Song

11/12/19

Sunflower



Dan Xu

04/12/19

Sunflower

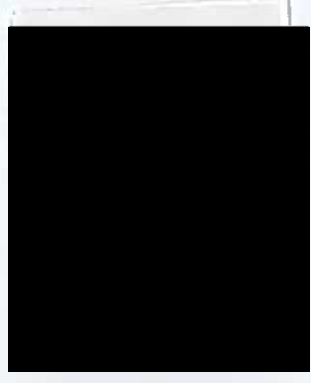


Diana Elena

Leonte

10/12/2019

Sunflower



Li Yan Guan

02/01/20

Sunflower

