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

	Customer Use	
	On-line Receipt No. PKP2 – YD6M–H	NBF
-	Auth code: 840	

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, ENVIRONMENTAL HEALTH

Renewal licence for the premises named at 2 below.

Name: Cheung Lai Kwan. 1. Full names and private address of applicants. If the application is made by a limited Maiden name (if applicable): liability company please give the address of Address (private): the registered office, and complete the separate sheet which seeks details of the Date of birth: company. Telephone No: Passport No: OR NI No: Name: Vaniua Thai Spa. Trade name and address of premises Address: 1, whites Row London E1 7NF. Telephone No: 020 7392 8899 Opening hours (proposed) 11:00 - 21:00 3. Please supply details of person responsible for the management of the establishment if Full Name: other than the applicant. Address (private): Date of birth: Telephone No: Passport No: OR NI No: Please enclose 2 passport-sized photographs of applicant Enclosed (tick if applicable)

ſ		
4.	(a) Is it proposed to employ staff at the establishment?	(a) YES/NO
	(b) If so state numbers	(b)
5.	(a) What is the legal title of the applicant(s) to occupy the premises (e.g. freehold, leasehold etc.)	(a) Leasehold
	(b) If leasehold please give details of the name and address of the landlord.	(b)
6.	What parts of the building is it proposed to use under the licence (e.g. basement, ground floor)?	ground floor
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.	Thai massage. Swedish massage Footmassage Deep Tissue massage
8.	State whether it is desired to give treatment to both sexes or to men or women only?	Both sexes.
9.	State whether exemption from condition 12 is required (see note J) for massage purpose only.	Yes
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	Address:
	(a) Owner or director of owning company; or (b) employee	(a) (b)
11.	(a) Does applicant propose to carry on a visiting massage service either from these premises or elsewhere?	(a) NO.
	(b) If elsewhere, please state address(es) concerned.	(b) NO
	(c) Will the masseuses employed on this service also give treatment on the licensed premises?	(c) /V O

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)	Electrical inspection certificate for portable appliances, as requested under the Electricity at Work Regulations 1989
	Two passport-sized photographs of applicant and operators
If you have already submitted current qualifications for each operative and they are still employed at your	Copies of each operator's current qualifications under the conditions of licence
premises you will not need to supply these documents again.	A copy of the customer vetting/history card
egan.	Copies of the current treatment list and price list
	Third-party insurance
	Cheque/PO for £363.00 / £585.00(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.

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 <u>all people</u> 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	HOME ADDRESS	DATE OF BIRTH	PLACE OF BIRTH
		ATTENDED (enclose certificates)			
You must list all the therapists working at your premises even if we already have their details Orapin Sainga Napangkawarin Clapperton Christiane. Carard Li Mou	The intillap	Please provide their qualifications, unless you have already submitted these previously. If that is the case please state: previously provided VTCT LEVELS VTCT LEVELS PIPLOMA ITE CANATANY PMSPLOGYIATHOUS VTCT LEVELS.			

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.

•	of applicant(s) ants solicitor or othe		t.
Date	30/09/2021	Telephone No	

Note: Payment cheques must not be drawn on a third party

Address to which licence application or correspondence should be sent: Environmental Health and Trading Standards - Licensing and Safety Team Place Directorate
2nd Floor, Mulberry Place
5 Clove Crescent

London

E14 2BG

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 Comment			
Full name of Limited Company			
	-		
Provinte and Office and I have fire	,		
Registered Office address of Limited			
Company			
Telephone number			
Registered Company number			
Registered Company number			
Names of all Directors and position.			
Are any of the Directors involved wi	th other		
	t		
companies that hold a Special Treat	ments		
Licence? Please detail.			
Does the Limited Company have lice	nsed		- · · · · · · · · · · · · · · · · · · ·
premises elsewhere?			
If so, please detail.			
are and the same as properties	ļ		•
This form has been assessed to		/w.w	
This form has been completed by		(name)	
	***************************************	(position)
		(signatu	·e)
		(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 newspaperts.
- 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 who 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 who's 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.
- 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.

Environmental Health and Trading Standards Privacy Notice

Data Controller and Purpose

The information you provide will be used by the London Borough of Tower Hamlets' Environmental Service, to process your complaint/objection/application.

Tower Hamlets Council is the Data Controller.

We process your data in accordance with the General Data Protection Regulation (GDPR) and if you have any concerns the Council's Data Protection Officer can be contacted on DPO@towerhamlets.gov.uk

Condition for Processing Personal Data

It is necessary for us to process your personal data (name, address, contact details), as a task carried out in the public interest, and more personal data such as health, personal and household circumstances as necessary for substantial public interest reasons, to assess and prioritise in compliance with a legal obligation or social protection law,

A delay in you providing the information requested may result in a delay in providing appropriate services.

How long do we keep your information?

We will only hold your information for as long as is required by law and to provide you with the necessary services. This is likely to be for six years after the case is closed. For further details, you can view our Retention Schedule.

We may also anonymise some personal data you provide to us to ensure that you cannot be identified and use this for statistical analysis of data to allow the Council to effectively target and plan the provision of services.

Information sharing

Your personal information may be shared with internal departments or with external partners and agencies involved in delivering services on our behalf.

The Council has a duty to protect public funds and may use personal information and data-matching techniques to detect and prevent fraud, and ensure public money is targeted and spent in the most appropriate and cost-effective way. Information may be shared with internal services and external bodies like the Audit Commission, Department for Work and Pensions, other local authorities, HM Revenue and Customs, and the Police. This activity is carried out under Article 9(2)(b) of the GDPR, under social protection law.

We have a duty to improve the health of the population we serve. To help with this, we use data and information from a range of sources including hospitals to understand more about the nature and causes of disease and ill-health in the area. This data would normally be anonymised and never used to make decisions on a specific individual or family.

We will not transfer your data to non EEA territory and there are no automated decisions made with your data.

Your Rights

You can find out more about your rights on our <u>Data Protection Page</u> and how to complain to the Information Commissioner.