

I identify this exhibit as that referred to
in the statement signed by me Exhibit:
GOG.005.GTBS
Date: 27/05/2022
Name: Geraldine O'Grady



TOWER HAMLETS

Tower Hamlets
Application to license premises for massage or
other special treatments
Byelaw under Local Government (Miscellaneous
Provisions) Act 1982

For help contact
Food.Safety@towerhamlets.gov.uk
Telephone: 020 7364 5008

* required information

Section 1 of 13

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name If your business is registered, use its registered name.

* VAT number Put "none" if you are not registered for VAT.

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Section 2 of 13

FURTHER DETAILS ABOUT THE APPLICANT

* Are you applying as an individual (includes sole traders)?

Yes

No

Section 3 of 13

TYPE OF APPLICATION

Type of application: New Renewal Temporary

* Existing licence number

* Expiry date

Specify the period for which the licence is required (if applicable)

Application for licence or registration of:

Premises

Practitioners

Both

Check for local guidance notes which may clarify requirements.

Section 4 of 13

DIRECTORS, PARTNERS, OWNERS AND MANAGERS

You must provide details of all COMPANY DIRECTORS and the SECRETARY (if the applicant is a company), all PARTNERS (if it is a partnership), OFFICE BEARERS (if it is a club or association), all OWNERS of the business or premises and all MANAGERS of the business or organisation, including day-to-day MANAGERS OF THE PREMISES. Check for local guidance notes and conditions which may clarify exact requirements.

* Are there any such people for whom you need to provide details?

Continued from previous page...

Yes

No

Provide The Following Details About Each One Of Them

* Position E.g. director, partner, day-to-day manager.

Full Name

* First name

* Family name

Former name(s) If currently or previously known by any other name(s), you must record them here.

Home Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Contact Details

E-mail

* Main telephone number

Other telephone number

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

Provide The Following Details About Each One Of Them

* Position E.g. director, partner, day-to-day manager.

Full Name

* First name

* Family name

Former name(s) If currently or previously known by any other name(s), you must record them here.

Continued from previous page...

Home Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Contact Details

E-mail

* Telephone number

Other telephone number

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

Provide The Following Details About Each One Of Them

* Position E.g. director, partner, day-to-day manager.

Full Name

* First name

* Family name

Former name(s) If currently or previously known by any other name(s), you must record them here.

Continued from previous page...

Home Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Contact Details

E-mail

* Telephone number

Other telephone number

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

OTHER BUSINESS INTERESTS

* Is the applicant, or any person named in this application, involved in any way with any other similar establishment?

Yes No

Section 5 of 13

PREMISES TO BE LICENSED

* Name of premises/
trading name

Continued from previous page...

Premises Address

Is the address the same as (or similar to) the address given in section one?

Yes

No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

| | |
|-------------------------------|----------------------|
| * Building number or name | Unit 2, Nagpal House |
| * Street | 1 Gunthorpe Street |
| District | |
| * City or town | London |
| County or administrative area | |
| * Postcode | E1 7RG |
| * Country | United Kingdom |

Contact Details

Are the contact details the same as (or similar to) those given in section one?

Yes

No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

| | |
|-------------------------|------------|
| E-mail | [REDACTED] |
| * Main telephone number | [REDACTED] |
| Other telephone number | |

Section 6 of 13

DETAILS OF PREMISES

Describe:

* The premises, giving details of treatment rooms, other rooms used for the business and the facilities provided

The business is a health and beauty salon specialising in beauty and massage treatments for men and women. It consists of front reception, 3 treatment rooms (two rooms with shower facilities), a WC for men and women, and a staff kitchen area.

* Provision for cleaning the premises, fittings and equipment and sterilisation of instruments

Barbicide for cleaning and sterilising

* Provision for disposal of waste, used materials, needles, etc

Not applicable - we do not use needles.

Ownership Of The Premises

* In what capacity do you occupy the premises?

Continued from previous page...

- Freehold
- Leasehold
- Tenant
- Other

* Provide details of the lease, tenancy or other arrangement, including the name and address of the landlord

Bobby Kapil Nagpal

9 The Broadway
Woodford Green
Essex
G8 0HL

Section 7 of 13

OPENING TIMES

State proposed opening times for each day of the week

* Day or days

* From

* To

Section 8 of 13

TREATMENTS

* Indicate your arrangements for giving treatments:

- Women only
- Men only
- Both sexes, separate sessions
- Both sexes, mixed sessions

* Do you keep a record of the clients who are given treatments?

- Yes
- No

* List ALL treatments to be given at the premises :

Holistic Body Massage, Swedish Massage, Sports and Deep Tissue Massage, Thai Medical Massage, Thai Traditional Massage, Thai Foot Massage, Anti-Cellulite Massage, Pregnancy Massage
Chinese Medical Massage,
Indian Head Massage, Reflexology,
Aromatherapy
Facials and Beauty treatments
Waxing,
Lash and Brow Treatments
Body Scrubs
Manicure and Pedicure

Continued from previous page...

Section 9 of 13

DETAILS OF PRACTITIONERS

Provide details of ALL practitioners who will give treatments

Name

* First name

* Family name

Former name(s) If currently or previously known by any other name(s), you must record them here.

Home Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

* Treatments given personally or supervised by this person

Facial treatments, Waxing, Lash and Brow Treatments, Body Scrub, Manicure and Pedicure, Sports and Deep Tissue Massage, Thai Traditional Massage, Thai Medical Massage, Thai Foot Massage, Aromatherapy, Anti-cellulite, and Pregnancy Massage

* Details of all relevant qualifications, training and experience (including where undertaken, dates, awarding body, etc)

Diplomas in Thai Medical Massage Therapy, Thai Traditional Massage, Thai Foot Massage awarded from Wat Po Traditional Medical School (December 2001)

VTCT Level 3 Certificate in Thai Massage (awarded April 2021)

Diploma in Sports and Body Massage awarded from The Carlton Institute of Beauty Therapy (April 2001)

Diploma in Indian Head Massage awarded from The Carlton Institute of Beauty Therapy (Jan 2002)

Diploma in Aromatherapy awarded from The Carlton Institute of Beauty Therapy (March 2002)

Beauty Specialist Diploma awarded from The Carlton Institute of Beauty Therapy (Oct 2001)

Chinese Massage Practitioner Certification from Association of Chinese Medicine (22 Aug 2020)

* Membership of any professional organisation

Continued from previous page...

n/a

Name

* First name

* Family name

Former name(s) If currently or previously known by any other name(s), you must record them here.

Home Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

* Treatments given personally or supervised by this person

Holistic Body Massage (Swedish and Deep Tissue)

Reflexology

Chinese Medical Massage

* Details of all relevant qualifications, training and experience (including where undertaken, dates, awarding body, etc)

ITEC Diploma in Holistic Massage awarded by ITC (November 2005)

ITEC Diploma in Reflexology awarded by ITEC (November 2006)

Chinese Massage Practitioner Certification from Association of Chinese Medicine (Aug 2021)

* Membership of any professional organisation

Federation of Holistic Therapies

Remove this practitioner

Continued from previous page...

Name

* First name

* Family name

Former name(s)

If currently or previously known by any other name(s), you must record them here.

Home Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

* Treatments given personally or supervised by this person

Thai Massage

* Details of all relevant qualifications, training and experience (including where undertaken, dates, awarding body, etc)

VTCT Level 3 Certificate in Thai Massage
Year 2019

* Membership of any professional organisation

N/A

Remove this practitioner

Add another practitioner

Section 10 of 13

PREVIOUS APPLICATIONS

Continued from previous page...

* Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (check all that apply)

- No Yes - application granted and revoked
 Yes - application granted Yes - application refused

Application Granted

Only provide details about the most recent application – unless stated otherwise in local guidance notes.

* Local authority applied to
* Date of licence/registration
* Reference number
* Expiry date

Section 11 of 13

CONVICTIONS

* Have you, or any person named in or associated with this application, been convicted of any crime or offence?

- Yes No

Section 12 of 13

ADDITIONAL DETAILS

Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)

Chanita King and Panumas King are already registered licenced therapists with Tower Hamlets. We sent in certificates last year to the special licence team and they have been approved as licenced therapists. We are adding a new therapist Wanlapha Pawake this year. She got VTCT Level 3 in Thai massage. A scanned image of her certificate will be uploaded separately as a supporting document to this renewal form.

Section 13 of 13

PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £363

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Continued from previous page...

Address

| | |
|-------------------------------|---|
| Building number or name | <input type="text"/> |
| Street | <input type="text"/> |
| District | <input type="text"/> |
| City or town | <input type="text"/> |
| County or administrative area | <input type="text"/> |
| Postcode | <input type="text"/> |
| Country | <input type="text" value="United Kingdom"/> |

DECLARATION

* I am aware of the regulations of the authority concerning massage and special treatments. The details contained in the application form and any attached documentation is correct to the best of my knowledge and belief.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

| | |
|-------------------|---------------------------------------|
| * Full name | <input type="text" value="REDACTED"/> |
| * Capacity | <input type="text" value="REDACTED"/> |
| Date (dd/mm/yyyy) | <input type="text"/> |

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/massage-and-special-treatment-premises-licensing/tower-hamlets/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.