

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

Customer Use On-line Receipt No.
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### 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: Genesis New World Aldgate LTD  Maiden name (if applicable):  Address (private):  338 Field End Road  Eastcote  HA4 9PG</p> <p>Date of birth:  Telephone No:  Passport No:  OR NI No:</p>
<p>2. Trade name and address of premises</p>	<p>Name: Genesis Thai Beauty Spa</p> <p>Address:  Unit 2, Nagpal House  1 Gunthorpe Street  London  E1 7RG</p> <p>Telephone No: [REDACTED]  Email: [REDACTED]  Opening hours (proposed) 10 AM – 10 PM (Mon-Sun)</p>
<p>3. Please supply details of person responsible for the management of the establishment if other than the applicant.</p>	<p>Full Name: [REDACTED]  Address (private):  [REDACTED]</p> <p>Date of birth: [REDACTED]  Telephone No: [REDACTED]  Passport No: [REDACTED]</p>



<p>9. (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>
<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)</p> <p>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.</p>	<p><input type="checkbox"/> Electrical inspection certificate for portable appliances</p> <p><input checked="" type="checkbox"/> Two passport-sized photographs of applicant and operators</p> <p><input checked="" type="checkbox"/> Copies of each operator's current qualifications under the conditions of licence</p> <p><input checked="" type="checkbox"/> A copy of the customer vetting/history card</p> <p>Copies of the current treatment list and price list</p> <p><input checked="" type="checkbox"/> Third-party insurance</p> <p><input checked="" type="checkbox"/> Cheque/PO for £360.00 / £580.00 (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.</p> <p><input checked="" type="checkbox"/> Copy of Public Notice placed in Newspaper.</p>

**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
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N/A	N/A	N/A			
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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
1) [REDACTED]	Facial treatments, Waxing, Lash and Brow Treatments, Body Scrub, Manicure and Pedicure, Sports Massage, Thai Traditional Massage, Thai Medical Massage, Thai Foot Massage, Aromatherapy  Chinese Medical Massage	Diplomas in Thai Medical Massage Therapy, Thai Traditional Massage, Thai Foot Massage from Wat Po Traditional Medical School;  Diploma in Sports Massage from The Carlton Institute of Beauty Therapy;  Beauty Specialist Diploma from The Carlton Institute of Beauty Therapy  Chinese Massage Practitioner Certification from Association of Chinese Medicine	[REDACTED]	[REDACTED]	[REDACTED]
2) [REDACTED]	Holistic Body Massage (Swedish and Deep Tissue)  Reflexology  Chinese Medical Massage	ITEC Diploma in Holistic Massage and ITEC Diploma in Reflexology  Chinese Massage Practitioner Certification from Association of Chinese Medicine	[REDACTED]	[REDACTED]	[REDACTED]



3) [REDACTED]	Body Massage (Swedish and Sports)	Body Massage from The Carlton Institute of Beauty Therapy	[REDACTED]	[REDACTED]	[REDACTED]
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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 30/11/2020 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**

**PART 4**

**TO BE COMPLETED IN RESPECT OF A LIMITED COMPANY BY A NOMINATED DIRECTOR**

Full name of Limited Company	Genesis New World Aldgate
Registered Office address of Limited Company	338 Field End Road, Ruislip, Middlesex, United Kingdom, HA4 9PG
Telephone number	
Registered Company number	12707009
Names of all Directors and position.	██████████ (Director)
Are any of the Directors involved with other companies that hold a Special Treatments Licence? Please detail.	Genesis New World T/A Genesis New World Massage Centre, 119 Stanley Road, Teddington, TW 11 8UB  Boonsawad Thai Spa, 87 Whitechapel High Street, Top Floor Pent House, London E1 7QX.
Does the Limited Company have licensed premises elsewhere?	No
If so, please detail.	

This form has been completed by ██████████ (name)  
Director ██████████ (position)  
██████████ (signature)  
28 Nov 2020.....(date)