

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

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: Yani Wang Maiden name (if applicable): Address (private): Date of birth: Telephone No: Passport No: OR NI No:</p>
<p>2. Trade name and address of premises</p>	<p>Name: Natural Treatment Address: 35 Artillery Lane, E1 7LP Telephone No: 02073927605 Email: Opening hours (proposed) 10:30am-8:30pm</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: Address (private): Date of birth: Telephone No: Passport No: OR NI No:</p> <p><input type="checkbox"/> Enclosed (tick if applicable)</p>

4.	(a) Is it proposed to employ staff at the establishment? (b) If so state numbers	(a) YES/NO Yes (b) 4
5.	(a) What is the legal title of the applicant(s) to occupy the premises (e.g. freehold, leasehold etc.) (b) If leasehold please give details of the name and address of the landlord.	(a) Leasehold (b) [REDACTED] [REDACTED]
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.	Acupuncture, TuiNa, Reflexology, Cupping, Moxibustion, Massage
8.	State whether it is desired to give treatment to both sexes or to men or women only?	Both
9.	State whether exemption from condition 12 is required (see note J) for massage purpose only.	No
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 (a) Owner or director of owning company; or (b) employee	Address: No (a) (b)
11.	(a) Does applicant propose to carry on a visiting massage service either from these premises or elsewhere? (b) If elsewhere, please state address(es) concerned. (c) Will the masseuses employed on this service also give treatment on the licensed premises?	(a) No (b) (c)

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
You must list all the therapists working at your premises even if we already have their details	Please list all the treatment each therapist provides	Please provide their qualifications, unless you have already submitted these previously. If that is the case please state: previously provided			
Yani Wang	Acupuncture TuiNa, Cupping Moxibustion Reflexology				
JingYi Dong	Acupuncture TuiNa, Cupping Moxibustion Reflexology				
Ewelina Dobosz	Massage				
Causanu Gabriela-Oana	Massage				

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) 
or applicants solicitor or other duly authorised agent.

Date14/03/2022.....Telephone No02073927605.....

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 Company	
Registered Office address of Limited Company	35 Artillery Lane, E1 7LP
Telephone number	02073927605
Registered Company number	
Names of all Directors and position. Are any of the Directors involved with other companies that hold a Special Treatments Licence? Please detail.	
Does the Limited Company have licensed premises elsewhere? If so, please detail.	

This form has been completed by(name)
.....(position)
..........(signature)
.....(date)