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.

If the application liability compan- the registered o	private address of applicants. In is made by a limited If y please give the address of Iffice, and complete the If which seeks details of the	Name: Yani Wang Maiden name (if applicable): Address (private): Date of birth: Telephone No: Passport No: OR NI No:
2. Trade name and	address of premises	Name: Natural Treatment Address: 35 Artillery Lane, E1 7LP Telephone No: 02073927605 Email: Opening hours (proposed) 10:30am-8:30pm
	etails of person responsible ment of the establishment if applicant.	Full Name: Address (private): Date of birth: Telephone No: Passport No: OR NI No:
Please enclose 2 of applicant	passport-sized photographs	Enclosed (tick if applicable)

4.	(a)Is it proposed to employ staff at the establishment?	(a) YES/NO Yes
	(b) If so state numbers	(b) 4
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.	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	Address:
	of such interest as	
	(a) Owner or director of owning company; or	(a)
	(b) employee	(b)
11.	(a) Does applicant propose to carry on a visiting massage service either from these	(a)
	premises or elsewhere?	No
	(b) If elsewhere, please state address(es) concerned.	(b)
	(c) Will the masseuses employed on this service also give treatment on the licensed premises?	(c)

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.	X A copy of the customer vetting/history card
	Copies of the current treatment list and price X list
	X Third-party insurance
	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.

13. DETAILS OF PREVIOUS CONVICTIONS, DISQUALIFICATION ETC. None

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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	-				
			Telaphane No		5500
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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 ATTENDED (enclose certificates)	HOME ADDRESS	DATE OF BIRTH	PLACE OF BIRTH
You must list all the therapists Yani Wang working a Your premises even if we already have their details	Please list all the treatment each Acupuncture TuiNa, Cupping Moxibustion Reßexology	Please provide their qualifications, unless you have already submitted these previously. If that is the case please state: previously provided		cherollus yla des purs luca d'hasarta	
JingYi Dong	Acupuncture TuiNa, Cupping Moxibustion Reßexology				
Ewelina Dobosz	Massage	71 10 10 20 10 34(0) 35(1)	-		
Causanu Gabriela-Oana	Massage	asanga sanatan maga			
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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.

_	ure of applicant(s) licants solicitor or o	ther duly authorised	agent.
Date	14/03/2022	Telephone No	02073927605

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	
troussent and retend to select the supplemental and	
Registered Office address of Limited Company	35 Artillery Lane, E1 7LP
Telephone number	02073927605
Registered Company number	Nobalist Swawiasanis too an estimate 1
Names of all Directors and position.	and restricted by distributed outgoes the Control of the Control o
Are any of the Directors involved with other companies that hold a Special Treatments Licence? Please detail.	A contained to the entering of premium that it is a contained on a contained of the contain
Does the Limited Company have licensed premises elsewhere?	Selection of the contract while year and year and
If so, please detail.	

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