
TO **Licensing and Safety Team**

FROM **Kamal Miah**

REFERENCE: **Primo Remedy**

DATE **14th September 2022**

Re: Primo Remedy 24 Wentworth Street London E1 7TB

Reference is made to a recent application for a Special Treatment License for the above premises. An objection was lodged by the Licensing and Safety team of this Authority that the application should be refused. The reason for the objection is because the Authority has evidence that the premises has been improperly conducted

Brief History of the Premises

A review of our records indicated 24 Wentworth Street London E1 7TB was first visited by an officer from the Health and Safety team on the 18th of December 2017. The premises was known as Primary Remedy. The purpose of the visit was to check that the therapists working at the premises were exempt from licencing.

On the 19th of March 2019 a letter was sent to Min Zhang at 24 Wentworth Street London E1 7TB, in relation to exemption from a licence (**Exhibit KAM.PR.001**).

On the 26th of March 2019 Primo Remedy Limited and Hong Zhang were convicted under section 14(1) of the London Local Authorities Act 1991 at Thames Magistrates court. This related to Therapist who were not exempt from licencing providing treatment at Primo Remedy

24 Wentworth Street London E1 7TB. However, this was discovered during a test purchase operation that found the premises offering services of a sexual nature.

On the 13th of July 2019 there was a request to change the trading name from Primary Remedy to Primo Remedy.

A further visit was made on the 31st of July 2019. The onsite report (**Exhibit KAM.PR.002**) indicates the officer spoke with Min Zhang and advised the visit was made following a complaint about sexual services being on offer at the premises.

On the 11th of August 2019 Min Zhang was sent an email regarding the exemptions from licencing (**Exhibit KAM.PR.003**).

During 2021 the Health & Safety and Licencing team secured the services of a company who will carry out test purchases in premises which provides massage and special treatments. On the 29th of October 2021 and operative from this company visited to Primo Remedy, 24 Wentworth Street London E1 7TB. During his treatment he was offered services of a sexual nature (**Exhibit KAM.PR.004**).

The applicant Min Zhang submitted an application for a special treatment licence to this Authority on the 27th of June 2022 with the applicant stated as Z&Z823 LTD. This application sought a licence to provide special treatments of massage at Primo Remedy, 24 Wentworth Street London E1 7TB (**Exhibit KAM.PR.005**).

A search of Companies House appears to show that Z&Z823 LTD has one current sole director (Min Zhang) who was a director of the company since 12th November 2018. The records also list a previous director appointed on 12th November 2018 and resigning on 3rd July 2019 (Hong Zhang). This appears to be the Hong Zhang as listed as a director of Primo Remedy and prosecuted by this Authority in March 2019.

- The premises has a proven history of being operated as a brothel-type establishment. It is likely that the clientele would continue to be the same as those who attended under the previously.
- Min Zhang is aware a complaint had been made regarding the provision of sexual services made against the premises.
- Min Zhang and Hong Zhang were directors on this applicant's company (Z&Z823 LTD) at the same time that Hong Zhang was being convicted on 26th March 2019.

We believe that the above grounds that the premises has been operated in an improper manner. Thus the application should be refused under section 8(e) of the London Local Authorities Act 1991.

Kamal Miah

Environmental Health Officer - Licensing and Safety Team

List of Exhibits

KAM.PR.001 – Letter to Min Zhang dated 19th March 2019

KAM.PR.002 – Onsite report dated 31st August 2019

KAM.PR.003 – Email from Min Zhang dated 11th of August 2019

KAM.PR.004 - Application to provide special treatments at Primo Remedy

KAM.PR.005 – Witness statement of test purchaser

PLACE Directorate
Public Realm
Environmental Health and Trading Standard
Head of Service: **David Tolley**

Min Zhang
Primo Remedy
24 Wentworth Street
London
E1 7TF

John Onslow House
1 Ewart Place
London
E3 5EQ

Tel **020 7364 6703**

Fax **020 7364 6901**

Enquiries to: [REDACTED]

Email:

19th March 2019

[REDACTED] [towerhamlets.gov.uk](mailto:[REDACTED]@towerhamlets.gov.uk)

www.towerhamlets.gov.uk

Dear Min Zhang

RE: London Local Authorities 1991
Exemption from Massage and Special Treatments licensing

I write with reference to our recent correspondence and acknowledge receipt of an application for exemption for the following persons;

- 1) [REDACTED]
- 2) [REDACTED]
- 3) [REDACTED]
- 4) [REDACTED]
- 5) [REDACTED]
- 6) [REDACTED]
- 7) [REDACTED]

Because your staff members are members of: **Independent Professional Therapists International** you have been granted exemption from the licensing process.

Under section 4 of The London Local Authorities Act 1991, certain bodies of Health Practitioners are granted exemption. Members of the **Independent Professional Therapists International** are exempt from the licensing process for: Aromatherapy * Bowen Technique * Holistic, Therapeutic & Remedial Massage * Lymphatic Drainage * Shiatsu, Sports Massage * Acupressure * Thermo Auricular Therapy * Metamorphic Technique * Polarity Therapy * Reflexology * Moxibustion * Rolfing

If you wish to offer other treatments or your circumstances change I trust that you will notify this department.

I trust this is satisfactory, if you have any queries I am available on the above telephone number.

Yours faithfully


Environmental Health Officer
Licensing and Safety Team

106318

LONDON BOROUGH OF TOWER HAMLETS: HEALTH & SAFETY AT WORK RECORD OF CONTACT

Environmental Commercial Team, Mulberry Place, 5 Glove Crescent, E14 2BG

Tel: 020 7364 5008

Fax: 020 7364 6901

Recorded on App

Date

Officer

Name of Business/ Occupier Primo Remedy

House Name

No 24 Street Wentworth Street

Town Post Code E7 1B

Tel. No. Fax No.

Contact / Title M. Zhang

Email:

Visit Type

- K = Full audit
- R = Unitisation
- L = S.Req visit
- M = Accident inv
- N = Revisit to check
- OR = H&S Advisory/Project visit
- S = Other Incl sampling
- P = Lic - full audit
- Q = Lic - revisit
- OT = SR Non H&S
- OU = revisit non H&S
- AO = Event meetings/visits
- AW = Animal Health/Welf Rull Audit
- SA = Animal Health/Welf Visit
- O = Srvy/enf initiative /(meeting)

- A01 Whole of Premises
- A02 Part of Premises
- A04 Other (catering area only)
- A03 Records

* delete as appropriate
General topic areas

1. Safety Policy	7. Sanitary accomm/wash facilities/drinking water	13. Emergency Precautions
2. Risk Assessment	8. Electrical installation/electrical appliances*	14. Smoke free
3. Accident Reporting	9. Hazardous substances	15. Workplace transport
4. Slips and trips	10. Mechanical/manual handling(msd)	16. Working at height
5. First Aid	11. Storage arrangements	17. Asbestos
6. Heating/lighting/ventilation*	12. Machinery	

General: Visit following a complaint about sexual services being offered at the premises.

Membership with exempt bodies checked. You do not have certificates available for all staff & Maria Daria Crismond does not have suitable membership to be exempt from licensing and must not carry out any treatments until we receive evidence of this. Subsequent to this you must send evidence of all the staff membership and photos to me at NAALIE.THOMPSON@TOWERHAMLETS.GOV.UK within 7 days. If this is not received we will have to assume you are trading without a sexual services licence until a written notice is issued. Trading until a notice is issued.

Summary of action to be taken

Informal Improvement Notice Prohibition notice Licensing non-conformities

This report is to inform you of contravening against the Health & Safety at Work etc. Act 1974 and other relevant statutory provisions which should be remedied as soon as possible. You should take steps to ensure that the contraventions do not recur. This report may also give advice and recommendations but only covers the areas discussed at the time of visit. The absence of comment does not indicate compliance with the Health & Safety at Work Act or any Regulations made thereunder. Failure to achieve and maintain satisfactory conditions in your business may result in prosecution.

Signature of Authorised Inspector _____

*Signature of Proprietor/ Owner/person interviewed _____

*circle as appropriate

From: yingwah fu <[REDACTED]>
Sent: 11 August 2019 16:26
To: Natalie Thompson
Subject: Fwd: 24 wentworth street, london .E1 7TF from : Min Zhang

Begin forwarded message:

From: Min Zi <[REDACTED]>
Subject: 24 wentworth st
Date: 11 August 2019 at 14:17:21 BST
To: Ying Wah Fu <[REDACTED]>

Hi Natalie,

Hope all is well.

This is to follow up on the query raised asking about the people working at the shop on 24 Wentworth Street

We have six people working for us at the moment:

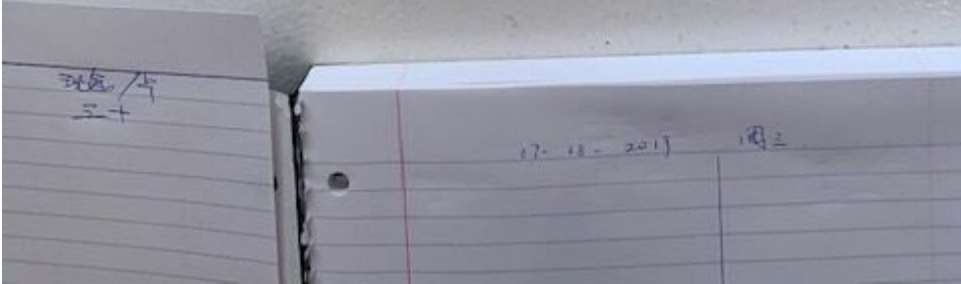
- 1) [REDACTED] - She is licenced (attached) and works part-time.(Monday Wednesday)
- 2) [REDACTED] - She is licenced (attached)and works only Tuesday
- 3) [REDACTED] -She is licenced (attached) and works Monday,Wednesday.
- 4) [REDACTED] - She is the licenced (attached) and works Tuesday,Wednesday,Thursday and Sunday.
- 5) [REDACTED] - She is licenced (attached) and works Monday,Tuesday,Thursday,Friday and Saturday.
- 6) [REDACTED] -she is the licencd (attached)and she works Thursday ,Friday and Saturday.

Hope the above information helps.

Thank you,
Min Zhang







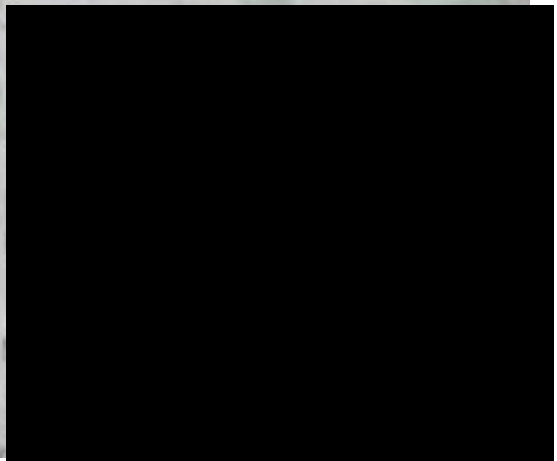
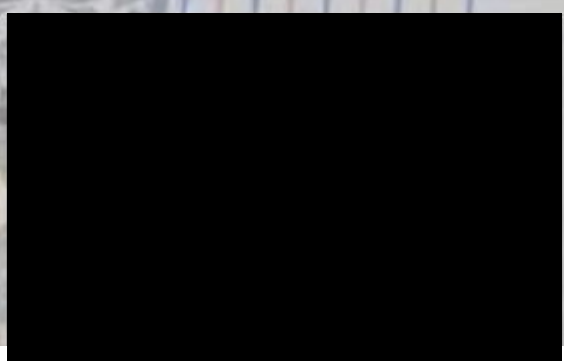
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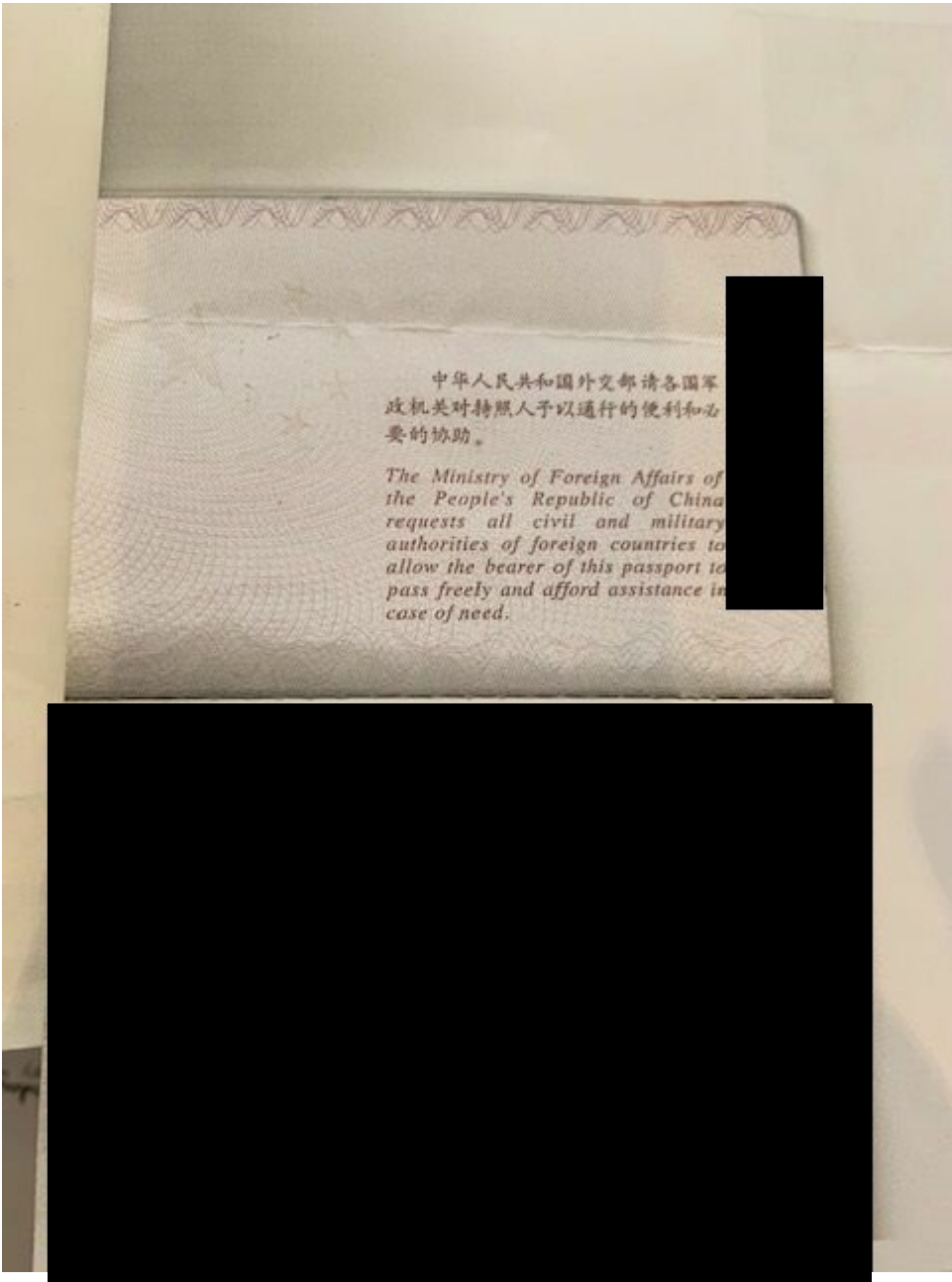
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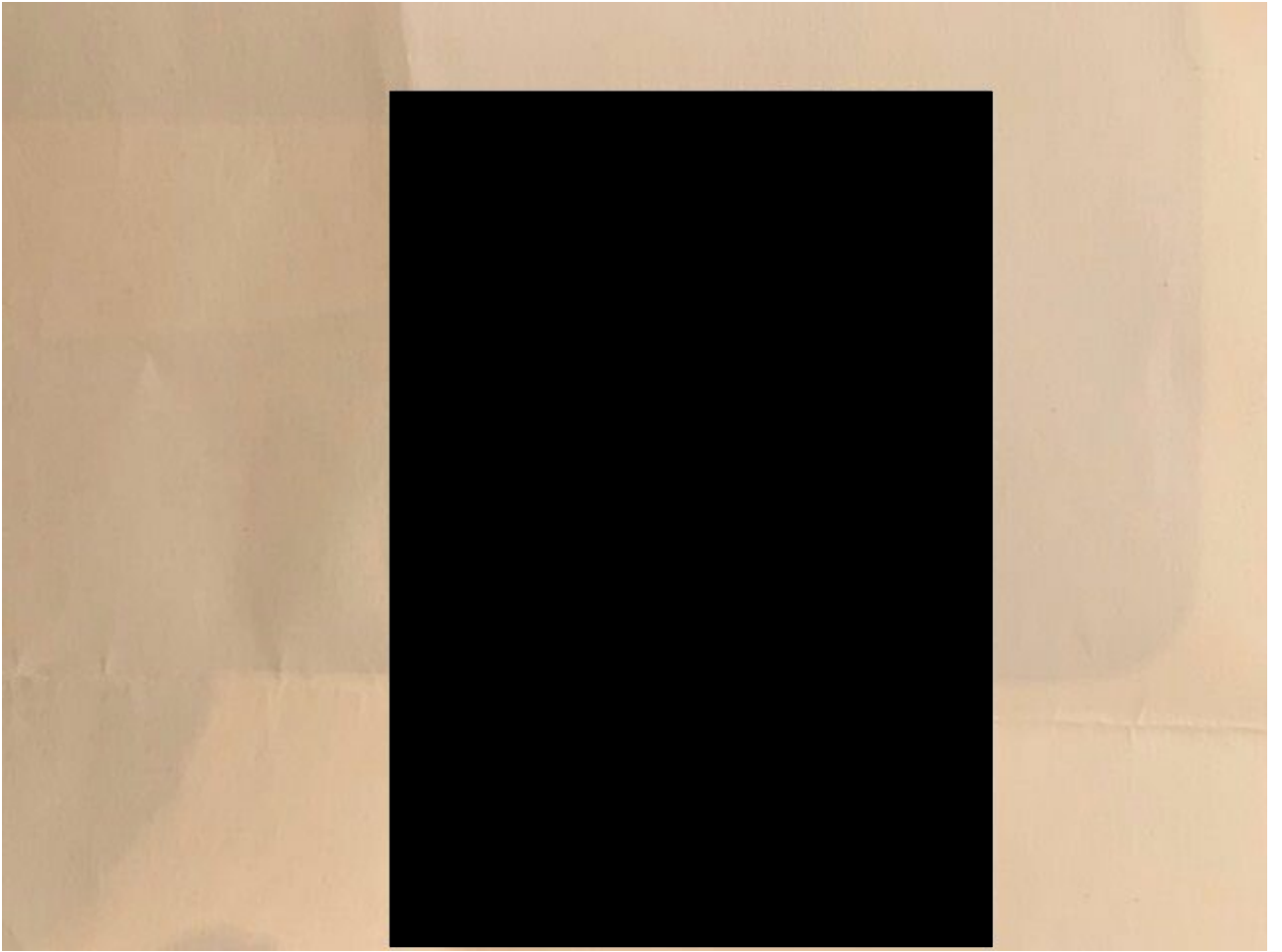
PASSPORT
PASSEPORT





中华人民共和国外交部请各国军
政机关对持照人予以通行的便利和必
要的协助。

*The Ministry of Foreign Affairs of
the People's Republic of China
requests all civil and military
authorities of foreign countries to
allow the bearer of this passport to
pass freely and afford assistance in
case of need.*







ROUMANIE

port No.

2

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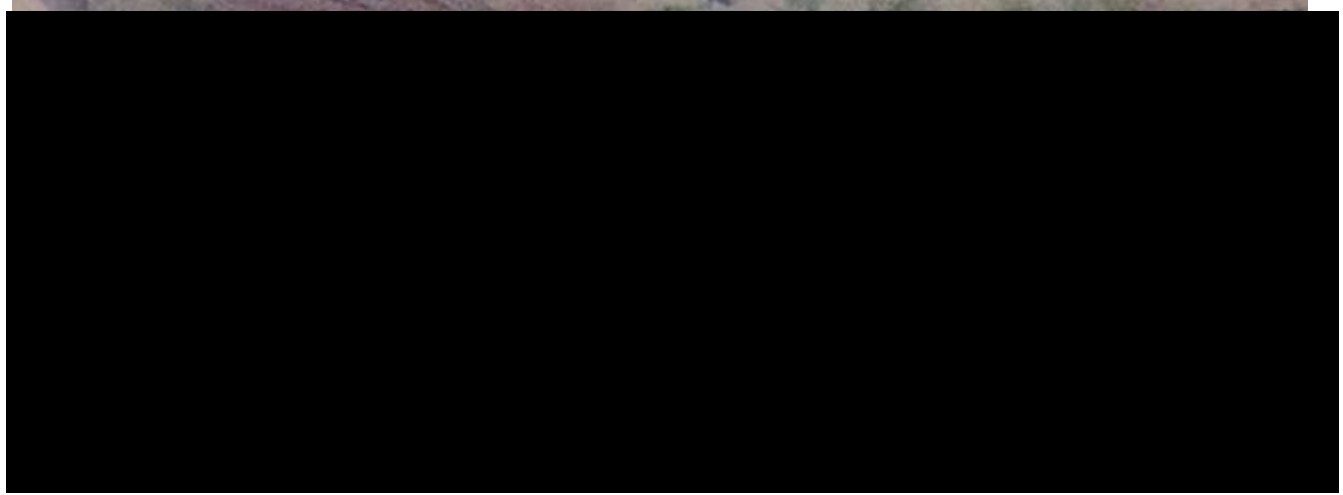
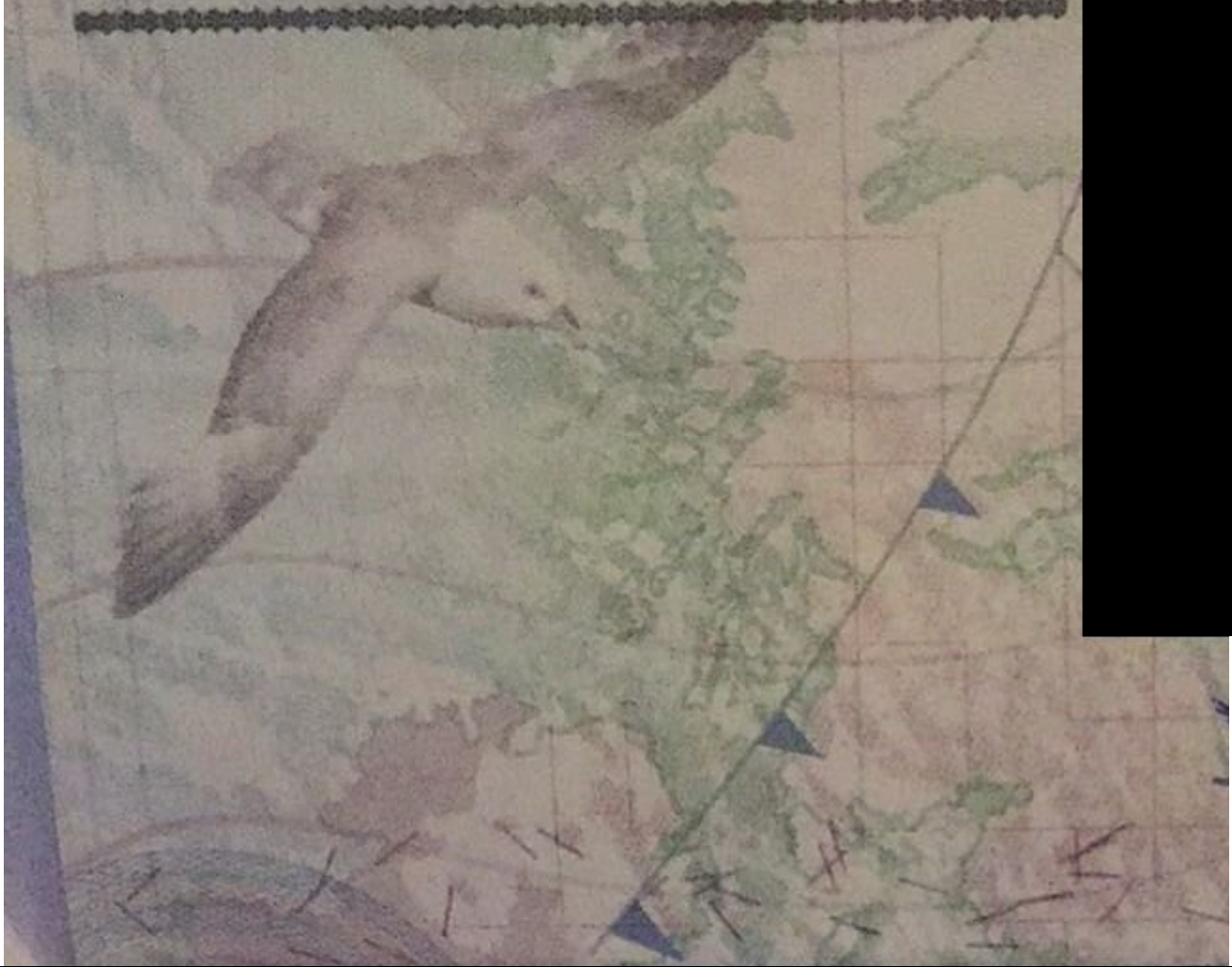
_____ [REDACTED]
has undertaken pro
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United Kingdom
Authorities and is t



Full
Member

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✿THERE ARE NO OFFICIAL OBSERVATIONS✿



Certifies that

has undertaken professional training to standards acceptable to examination boards in the United Kingdom and/or other National or Authorities and is thereby accepted into membership



[Signature] _____ _____
Director-General Exec
Full Member 23340 2 Avig
Membership Grade Membership Number

Sent from my iPhone



Tower Hamlets
Application to licence 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	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Primo Remedy	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	Min
* Family name	Zhang
* E-mail	[REDACTED]
Main telephone number	[REDACTED]
Other telephone number	

Include country code.

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

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 the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is the applicant's business registered in the UK with Companies House? Yes No

* Registration number	11671178
* Business name	Z&Z823 LTD
* VAT number	- None

If the applicant's business is registered, use its registered name.

Put "none" if the applicant is not registered for VAT.

Continued from previous page...

* Legal status

* Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Agent 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:

An agent that is a business or organisation, including a sole trader

A sole trader is a business owned by one person without any special legal structure.

A private individual acting as an agent

Agent Business

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

* Is your business registered outside the UK? Yes No

* 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.

Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

* 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

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?

- Yes No

Provide The Following Details About Each One Of Them

Continued from previous page...

* Position

Director

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

Full Name

* First name

Min

* Family name

ZHANG

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

United Kingdom

Contact Details

E-mail

* Main telephone number

Other telephone number

Further Details

* Date of birth

dd mm yyyy

* Place of birth

Add another person

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

Primo Remedy

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	<input type="text" value="24"/>
* Street	<input type="text" value="Wentworth Street"/>
District	<input type="text"/>
* City or town	<input type="text" value="London"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text" value="E1 7TB"/>
* Country	<input type="text" value="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	<input type="text" value="[REDACTED]"/>
* Main telephone number	<input type="text" value="[REDACTED]"/>
Other telephone number	<input type="text"/>

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 premises comprises of both the Ground Floor & Basement of the venue, with one treatment room on the Ground Floor, and a further 3 treatment rooms in the basement. There is also a Staff room and toilet situated in the basement of the premises.

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

Cleaning of the premises will be carried by staff on a daily basis.

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

There is no clinical waste and all other waste is disposed of through the council's waste contract.

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

The lease is for:
Landlord: Zara Turner 45 Maddox Street, Mayfair, London W1S 2PE
[REDACTED] or [REDACTED] website: www.averyre.com

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 :

Deep Tissue massage; Tui Na massage, Reflexology, and Cupping

Section 9 of 13

DETAILS OF PRACTITIONERS

Provide details of ALL practitioners who will give treatments

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

Message to be carried out by

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

Diploma in Chinese Massage Therapy from Shu Jun Healthcare, 107 Burnt Oak Broadway HA8 5EN

* Membership of any professional organisation

None

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

Further Details

* Date of birth
dd mm yyyy

* Place of birth

* Treatments given personally or supervised by this person

Acupuncture and Tui Na

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

Qualified Chinese Medicine (Chinese Herbal Medicine; Acupuncture & Tuina Therapy) Practitioner

* Membership of any professional organisation

Member of The Federation of Traditional Chinese Medicine Practitioners

Remove this practitioner

Add another practitioner

Section 10 of 13

PREVIOUS APPLICATIONS

* 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

Continued from previous page...

* 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)

These premises previously operated under Exempt Body status as defined under the London Local Authorities Act 1991, but are now required to apply for a Special Treatment Licence, when the IPTI ceased to exist.

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

Address

Building number or name
Street
District
City or town
County or administrative area
Postcode
Country

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.

Continued from previous page...

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

* Capacity

Date (dd/mm/yyyy)

Add another signatory

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.

Witness Statement

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005, Rule 27.1

URN:

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Statement of:

[Redacted]

Age if under 18 (if over insert "over 18"): over 18

Occupation: Surveillance Operative

This statement (consisting of Pages(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it, anything which I know to be false, or do not believe to be true.

Name / Signature:

[Redacted]

Date: 29th October 2021

Tick if witness evidence is visually recorded: (Supply witness details on last page)

Statement

1. I am [Redacted] and I am employed by The Surveillance Group Ltd, of Unit 6, Teme House, Whittington Hall, Whittington Road, Worcester WR5 2RY.
2. I was instructed by The Surveillance Group Ltd to attend Primo Remedy, 24 Wentworth Street, London, E1 7TF in order to conduct a test purchase task on behalf of the London Borough of Tower Hamlets.
3. At approximately 11:25 hrs on the 29th October 2021 I visited Primo Remedy, 24 Wentworth Street, London, E1 7TF.
4. Upon entering the premises I was greeted by a female of Asian appearance wearing a dark red dress who stepped out of a small room behind the reception area. The female asked how long I would like and I asked for a forty-five massage and paid £40 in cash.
5. The female took the cash and directed me to go downstairs into room 3, go in and close the door. At the bottom of the stairs was a small corridor with multiple rooms off it. I entered into room 3, inside was a massage bed, shower in the corner and a small sink. I undressed and waited lay on the bed.
6. The same female that greeted me upstairs entered the room and walked up and straight away pulled at my underwear and said "take them off" and began removing them, no covering was then used. She then exited the room briefly and returned to begin the massage.

During the massage, the female would run her hands up the inner part my thigh to the top. She then asked me if I wanted a "special massage" and dimmed the lights in the room. I asked what a special massage was and she replied "a handy" and made a hand gesture over my waist. I declined and the female said "you my first customer, you get lucky I do good business", I declined again to which she asked if I would give her a tip. The female asked me again and then asked if I would tip her again.

Name / Signature:

[Redacted]

[Redacted]

Witness Statement

CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2005 , Rule 27.1

The female then asked if I have money on me, saying she could help me and kept asking how much money I have. I kept saying I didn't want anything extra and she kept pressuring me. The female then started to explain that if I want a proper massage to come in the evening, not in the morning, she makes no money off massage and that business people coming in the morning for happy ending, if I want massage I must come in the evening, I said I understand and she replied "you understand now" and continued. The female then asked again for a tip as I didn't have good time.

After massaging for a few minutes the female asked me to turn over and again no towel was used to cover me. She then asked if I want "beautiful girl to come in and give you massage?", I said no and she kept asking if I'm sure and then said "you try" and opened the door and started calling for someone else.

I kept saying during this time that I didn't want that. A young female of Asian appearance then entered the room, she offered her to do it for me to which I declined again, she kept asking if I was sure and I kept saying no. The young female then left the room and she continued the massage. A few minutes later she said the massage was finished and remained in the room with me while I got dressed.

Once I was dressed and ready to leave the female said I must pay a bit more for normal massage and I gave her £10 cash and exited the room. On my way out the young female wearing a black blouse was sat being the reception desk.

I then exited the premises at approximately 12:09 hrs.

- 7. During this visit I was offered, without any previous suggestion by myself, services of an apparent sexual nature.*
- 8. I declined all offers of such services.*
- 9. Following my visit I immediately returned to my vehicle and wrote notes on the details of the event within a document on my work-issued smart-phone on 29/10/2021. I exhibit these as BM.004*
- 10. I believe the facts stated in this witness statement are true.*

Name / Signature: _____