



If you are completing this form by hand please write legibly in **block capitals**. In all cases ensure that your answers are inside the boxes and written or typed. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

**LONDON BOROUGH OF NEWHAM**

**APPLICATION FOR RENEWAL OF SHOW and EVENTS SPECIAL TREATMENT LICENCE**

I / We \_\_\_\_\_  
 Hereby apply to the council of the London Borough Of Newham in pursuance of the provisions of the London Local Authorities Act 1991 to 2000, for the licensing of the following premises as an establishment for special treatment.

1. BUSINESS Details	
Name of Business:	
Business Address:	
Company No.	
Telephone Number:	
SHOW & STAND NUMBER	
Email Address:	

I hereby declare that the particulars given overleaf are true to the best of my knowledge.

Name of Applicant:	
Signature of Applicant:	
Date:	

I declare there are **NO** changes to (please tick):

- The type and number of treatments being provided;
- The therapist/s providing the treatments;
- The layout of the premises or;
- Any other changes which may affect my application.

**If NO changes fee payable is:**



OR

I declare the following changes:

**Therapists to be removed from current Licence:**

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.....

.....

**New Therapists to be added to the licence:**

Name of person carrying out the special treatment.	DOB	Special Treatment	Qualification

- Any other treatments to be included or removed –

.....

.....

- Other – (*Please state*) .....

.....

<b>Required Documents:</b>	
Please enclose the following documentation with your application. The application <b>will not be accepted without them.</b> (please tick)	
Public Liability insurance (copy) Self-employed staff must also provide a copy of their public liability insurance	
One passport sized photograph or digital photo of each <b>NEW</b> Therapist/Practitioner only	
Photo ID (colour copy of Passport <b>OR</b> Driving licence for each <b>NEW</b> Therapist	
If <b>exempt</b> , copies of relevant membership.	
Copies of each Practitioners current qualifications for all <b>NEW</b> Therapists	
COSHH Assessments. (Control of substances Hazardous to Health Regs 2002), if applicable.	

**Completed application form AND all supporting documents to be sent to the address below 28 days before your licence expires.**

**(Please note applications WILL NOT BE PROCESSED and returned to you if submitted with missing paperwork):**

Licensing Team  
 London Borough of Newham  
 East Ham Town Hall  
 328 Barking Road  
 East Ham  
 E6 2RT

[Licensing@newham.gov.uk](mailto:Licensing@newham.gov.uk)

**Once your application is approved, we will contact you for payment.**

**Please Note**

- 1. The licence fee is non refundable. In the event that you decide to withdraw your application the licence fee will be retained to cover administration costs**

**The information provided on this form may be used for the prevention and detection of fraud. Certain information may also be passed to the UK Border Agency or the Inland Revenue.**