

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 in **black ink**. 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 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 renewal of the licence for the following premises as an establishment for special treatment.

1. Premises Details	
Name of Business:	
Business Address:	
Name of Owner	
Name of Manager	
Telephone Number:	
Email Address:	

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

Name of Applicant:	
Applicants Signature:	
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 Licence:**

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.....

.....

**Therapist/s to be RENEWED or NEW Therapists to be added to the licence:**

Therapist Name.	Address of Therapist	DOB	Special Treatments to be carried out	Details of Qualification

- Any other treatments to be included or removed –

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- Changes to layout of premises – *Please submit a revised floor plan*

- Other – (*Please state*) .....

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**Documentation REQUIRED**

Please enclose the following documentation with your application, **the application will not be accepted without them and returned to you.** (please tick)

Public Liability insurance (copy) Self employed staff must also provide a copy of their public liability insurance	
Fixed electrical installation certificate as required under Electricity at Work Regulations 1989 (copy) (EICR) (if applicable)	
PAT (portable appliance testing) (copy)	
One passport sized photo or digital photo of each Therapist <b>FOR NEW THERAPIST ONLY</b>	
Proof of address for each <b>NEW</b> Therapist (i.e. utility bill, council tax, bank statement etc.)	
Proof of private address for Applicant/Business Owner	
Photo ID for Applicant/Business Owner	
Colour photocopies of each <b>NEW</b> Therapists current qualifications.	
Photo ID (colour copy of Passport <b>OR</b> Driving licence) for each <b>NEW</b> Therapist	
Completed consent form for each <b>NEW</b> Therapist to be registered (see form below)	

**Completed application form AND all supporting documents to be sent to the address below by post or email. There is a 28-day consultation process for the processing of this application.**

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

Licensing Team  
London Borough of Newham  
East Ham Town Hall  
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**

- 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**

- 2. 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.**