

Before completing this form please read the guidance notes at the end of the form. 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 Local Authorities Act 1991 (Part 2) as Amended

### Application for a Special Treatment Licence (Shows/Events ONLY)

For the **New Show & Event Licence** detailed below, I am applying for (please tick):

<b>Grant of New Licence</b>	
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**New licences are valid for a maximum of 12 months.**

There is a 28-day consultation process for the processing of this application.

To renew a current Shows and Events licence please use the **Renewal form** for Shows and Events.

1. Business Details	
<b>Trading Name:</b>	
<b>Business Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Name of Business Owner</b>	

<b>Applicants Personal Details</b>	
<b>Your Name:</b>	
<b>Position in Business:</b>	
<b>Name and Date of the show you are exhibiting at:</b>	
<b>Stand Number:</b>	

Are you currently licensed or registered with any other local authorities

YES  NO

<b>Name of Issuing Authority</b>	
<b>Name and Address of licensed/registered business/Company No.</b>	

## 2. Managing the Stand at the Show:

Please give the name of the manager who has day-to-day control of the stand.

<b>Managers Name:</b>	
<b>Date of Birth:</b>	
<b>Telephone No.</b>	

Has the manager/applicant ever been refused the grant, renewal or transfer of a special treatment licence. If so by whom and what date?

Yes  No

If **yes**, please give details

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**3. Criminal Convictions**

Has any of the applicant(s), Manager(s) or Practitioner(s) been convicted of a criminal offence?

YES                       NO

If YES, Please give details below:

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**7. Details of Special Treatments to be carried out: (please tick)**

<b>Acupuncture</b> (including Cupping, Dry Needling)		<b>Manicure / Pedicures</b>	
<b>Cosmetic piercing</b> (including Body piercing, Beading)		<b>Laser/Intense Pulse Light (IPL) treatments</b> (i.e. Lipo Laser, Infa-red treatment, Ultra Sonic, Thermavein, Colour Therapy)	
<b>Facial Steamers</b> (vapour)		<b>Sunbed</b>	
<b>Electrical treatments</b> (i.e. micro & radio frequency facials, electrical current facials, micro current therapy, galvanism, electrolysis hair removal, Plasma, Lumi Lift Facials)		<b>Tattooing</b> , Semi-permanent makeup, Microbrading, Micropigmentation	
<b>Massage</b> (including Tui-Na, Thai Massage, Therapeutic/Holistic massage, Stone Therapy, Reflexology, Physiotherapy, Osteopathy, Aromatherapy, Acupressure)		<b>Water Baths</b> (i.e. Hydrotherapy, Fish Therapy, Floatation Tank)	
<b>Other</b> (please specify):			

<b>Name person carrying out the special treatment.</b>	<b>Date Of Birth</b>	<b>Special Treatment</b>	<b>Qualification</b>

5. APPLICANTS Signatures:	
Signature:	
Print Name:	
Capacity:	
Date:	
6. Correspondence Address:	
<p><b>Please give the address to which the Local Authority should send the licence and correspondence, if this is different from the address given at question 1.</b></p>	
<p><b>Address:</b></p>   	
7. Required Documents:	
<p>Please enclose the following documentation with your application.                      The application <b>will not be accepted without them.</b> <span style="float: right;">(please tick)</span></p>	
Public Liability insurance (copy) Self-employed staff must also provide a copy of their public liability insurance	<input type="checkbox"/>
One passport sized photograph or digital photo of each Therapist/Practitioner	<input type="checkbox"/>
Photo ID (colour copy of Passport <b>OR</b> Driving licence)	<input type="checkbox"/>
If <b>exempt</b> , copies of relevant membership.	<input type="checkbox"/>
Copies of each Practitioners current qualifications ( <b>all</b> non-exempt practitioners)	<input type="checkbox"/>
COSHH Assessments. (Control of substances Hazardous to Health Regs 2002), if applicable.	<input type="checkbox"/>
Risk Assessment	<input type="checkbox"/>

<b>8. Paying the Fee</b>
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The current licence fee can be found on our website or by telephoning:  
**020 3373 1925**

**Completed application form and all supporting documents to be sent to:**

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

Or email to: [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 any event 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 defection of fraud. Certain information may also be passed to the Inland Revenue if we are required to do so.
3. There is a 28-day consultation process for the processing of this application.