



Your Reference:
Our Reference:

Dear Sir/Madam

LONDON LOCAL AUTHORITIES ACT 1991 APPLICATION FOR A SPECIAL TREATMENT LICENCE

Following a recent Court case, the judgment of the Supreme Court established that a licensing regime may operate on the basis that an applicant must pay:

- (i) on making the application, the costs of the application process and,
- (ii) on the application being successful, a further fee to cover the costs of the running and enforcement of the licensing regime.

The Council has following this decision, reviewed the licence fees, for which the Directive relates so that they identify the costs for processing the application through to determination (Part A) and the cost for running and the enforcement of the licensing regime (Part B). These are shown in the attached document for information which becomes operational from the 1st April 2018.

However as we are in a transitional period and your licence expires on the **31st March 2018** if you renew before the **1st April 2018** then the current fee of £196.00 for a single treatment licence or £300 for a multiple treatment licence will apply. If you delay renewal until after 1st April 2018 you will have to pay the new renewal fee plus a late payment surcharge (£40). If you apply to renew a licence which expired on the 31st March 2018 after the 30th April 2018 you will no longer be able to renew and will have to apply for a new licence.

The Council has made this decision to deter late payers and to try to streamline the process to keep the costs down for licence holders who pay on time. As a licence holder it is your responsibility to keep your licence current.

Continued.....

When considering the fees the Council will take into account the costs that it has incurred from the previous year and set a fee based on those costs. If the Council does, in reviewing the fees identify a surplus or a deficit it will adjust the fees accordingly to either reduce the fee levels to reduce the surplus or increase the fee levels to repay that deficit in costs from previous years. This means that the fees will fluctuate year on year based on the review of income and cost associated with that licence.

Please contact licensing@havering.gov.uk if you have any questions about the contents of this letter.

To make a payment by debit please telephone either 01708 432597 or 01708 432941.

Please note these numbers are for card payment only. When calling please make sure you have your licence number and card details ready. Please also ensure that the form(s) are completed. Failure to do so will lead to your application being automatically rejected and return to you without being processed.

Yours faithfully

Lynne Locke
Licensing Technician



Licensing Matters is an email newsletter from Havering Council with the latest information on changes to licensing legislation as well as details of licensing applications received by the Council.

Make sure you and colleagues receive a copy so you know what's happening in licensing - Sign up at

www.havering.gov.uk/LicensingMatters



Important

1. Please print clearly in block capitals and in dark ink.
2. Complete all relevant parts of this form including the checklist and return to the address overleaf.
3. You must include all supporting documents and the relevant fee with your application. (*failure to supply all supporting documents and the required fee will result in your application being automatically rejected*)
4. Failure to make a valid application by the required date will mean that you cannot continue to carry out special treatments. If you do, you will be committing an offence for which you may be prosecuted.

1. PREMISES DETAILS

Trading name	Telephone
Trading Address	Mobile
	Email
	What is your business? (<i>Beauty Salon, Health Club etc</i>)

2. DETAILS OF SPECIAL TREATMENTS TO BE CARRIED OUT (Please tick)

Acupuncture <input type="checkbox"/>	Electric <i>eg, electrolysis</i> <input type="checkbox"/>
Baths <i>eg Vapour, Sauna, Spray Tanning, Fish Pedicure</i> <input type="checkbox"/>	Light <i>eg, Sunbed, Hair removal</i> <input type="checkbox"/>
Chiroprody <input type="checkbox"/>	Massage <i>eg, Reflexology</i> <input type="checkbox"/>
Cosmetic piercing <i>ears, nose, body</i> <input type="checkbox"/>	Manicure <i>inc artificial nails</i> <input type="checkbox"/>
Tattooing <input type="checkbox"/>	Other <i>Please specify</i>



3. APPLICANTS DETAILS – *If applying on behalf of a registered company please ensure that you complete part 4*

Applicant's full name	Date of birth (<i>mm/mm/yyyy</i>)
Applicant's normal place of residence Postcode	Will the applicant be in personal daily charge of the treatments being carried out? (<i>please circle</i>) YES / NO <i>If no then please ensure that you complete part 5</i>

SECOND APPLICANTS DETAILS – *Details of joint or secondary applicant if applicable*


Applicant's full name	Date of birth (<i>mm/mm/yyyy</i>)
Applicant's normal place of residence Postcode	Will the applicant be in personal daily charge of the treatments being carried out? (<i>please circle</i>) YES / NO <i>If no then please ensure that you complete part 5</i>

4. REGISTERED COMPANY DETAILS – Continue on a separate sheet if necessary and attach to this form

Company name (if different to question 1)	Company Registration No
Registered Office Address (if different to question 1)	 Telephone
	 Email
	Name & Position of person making the application

5. MANAGEMENT – Only complete if you answered “NO” in answer question 3

Enter full details of the person who is responsible for the daily management of the treatments offered.

Full name(s)	Date of Birth	 Telephone
Normal place of residence		Postcode

6. CRIMINAL CONVICTIONS

Have you been convicted of any offence under the London Local Authorities Act 1991- Part II in the past 5 years (If yes give details)	YES / NO
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7. CHECKLIST

IMPORTANT

Before submitting an application, you must ensure that all relevant documents are included. Indicate the documents you have provided with your application on the checklist. Incomplete applications will be automatically rejected. (You are advised to keep a copy for your records)

Application form fully completed and signed by the applicant <input type="checkbox"/>	Electrical certificates are available at the premises for the installation and portable electrical equipment <input type="checkbox"/>
Relevant Fee (as shown on the accompanying letter) by cheque or PO payable to London Borough of Havering <input type="checkbox"/>	Client Records must be kept for each treatment and are Available for inspection at the premises. <input type="checkbox"/>
Training forms for each staff member employed to carry out / supervise special treatments (not required where a declaration is submitted on form ST3) <input type="checkbox"/>	1 x Passport photograph for each member of staff employed to carry out or supervise special treatments (these should be attached to form ST2) <input type="checkbox"/>

8. DECLARATION

I hereby apply for a licence to carry out the special treatments as detailed above. I confirm that the information provided in this application is to the best of my knowledge and belief correct and complete. I understand that if I carry out special treatments without the relevant licence I will be liable to prosecution.

Signed.....	Signed.....
Position in Co.....	Position in Co.....
Print Name.....Date.....	Print Name.....Date.....

Please return to:
**Public Protection, London Borough of Havering, Town Hall,
 Main Road, Romford, Essex RM1 3BD or in person by appointment.**



Please complete one form for each person who manages or gives any of the special treatments specified in Form ST1. This form may be freely copied or additional copies are available from London Borough of Havering, Environmental Health Service.

1. DETAILS OF THE PREMISES REQUIRING A LICENCE

Trading Name	☎ Telephone
Trading Address	☎ Mobile
Postcode	✉ Email

2. STAFF DETAILS

Full name	Date of Birth	☎ Telephone
Normal place of residence		Postcode

3. DETAILS OF SPECIAL TREATMENTS TO BE CARRIED OUT (Please tick)

Acupuncture <input type="checkbox"/>	Electric <i>eg, electrolysis</i> <input type="checkbox"/>	Fix a full face photograph 35 x 45mm taken within the last 12 months here. Write name on the reverse →	Attach Photo here
Baths <i>eg Vapour, Sauna, Spray Tan</i> <input type="checkbox"/>	Manicure <i>inc artificial nails</i> <input type="checkbox"/>		
Chiropody <input type="checkbox"/>	Massage <i>eg Reflexology</i> <input type="checkbox"/>		
Cosmetic piercing <input type="checkbox"/>	Light <i>eg, Sunbed, Hair removal</i> <input type="checkbox"/>		
Tattooing <input type="checkbox"/>	Other <input type="checkbox"/>		

4. DETAILS OF TRAINING AND QUALIFICATIONS

List relevant qualifications, training and experience and attach copies of certificates/evidence.	Date	Name and Address of awarding organisation
<i>Continue over leaf if necessary.</i>		

DECLARATION

I confirm that the information provided in this application is to the best of my knowledge and belief correct and complete. I understand that if I provide false information in my application I may be liable to prosecution.

Signed.....[Applicant]	Person specified in Question 2
Position in Co.....	Signed.....
Print Name.....Date.....	Print Name.....Date.....

DETAILS OF TRAINING AND QUALIFICATIONS – Continued from question 4

List relevant qualifications, training and experience and attach copies of certificates/evidence.	Date	Name and Address of awarding organisation

Keep a copy of this completed form for your records and attach the original to Form ST1.

**Return to:
Public Protection
London Borough of Havering
Town Hall
Main Road
Romford
Essex
RM1 3BD**

or in person by appointment



SPECIAL TREATMENT – DECLARATION OF NO SIGNIFICANT CHANGE

London Local Authorities Act 1991
FORM ST3

You may lodge a declaration of no significant change if the particulars of your business have not changed significantly during the existing licence period. The declaration must be made by the licence holder seeking renewal.

You should only complete this form if you hold a current licence to carry out special treatment issued by the London Borough of Havering. If no significant changes have taken place in respect of the information provided on your current licence application you may make a declaration to this effect. If you lodge a declaration you will not be required to re-submit the information with your application. An officer may still visit to carry out an inspection.

Remember that the information you give will be used to determine your renewal application. You should ensure that it is accurate in every respect. False or misleading information may lead to the revocation of any licences issued in connection with it and the institution of legal proceedings.

This form may be freely copied or additional copies are available from London Borough of Havering, Environmental Health Service.

1. DETAILS OF THE PREMISES REQUIRING A LICENCE

Trading Name	Telephone
Trading Address	Mobile
Postcode	Email

2. DETAILS OF SPECIAL TREATMENTS (CURRENTLY LICENSED FOR)

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DECLARATION BY APPLICANT

I/we [print name(s)]declare that the information provided on this form is true and complete in every respect. I/we understand that the provision of any false or misleading information will invalidate the application and may result in legal action being taken against me.

- There have been no significant changes to the information provided in the current application.
- Changes have been made and these have been fully disclosed to the licensing authority within the current licence period.

Signed	Signed
Print Name	Print Name
Date	Date

PAYMENT

I/we enclose a cheque for the sum of £ made payable to London Borough of Havering

Please return to:
Public Protection, London Borough of Havering, Town Hall,
Main Road, Romford, Essex RM1 3BD or in person by appointment.

Special treatment establishments (London Local Authority Act 1991	Charges 2018/19 (from 1st April 2018) £
High risk single treatment Part A	510
High risk single treatment Part B	150
Note: total fee for new application £660	
High risk Multiple treatment Part A	630.00
High risk Multiple treatment Part B	150.00
Note :total fee for new application £780	
High risk renewal single treatment Part A	150.00
High risk renewal single treatment Part B	150.00
total fee for renewal £300	
High risk Renewal multiple treatment part A	210.00
High risk Renewal multiple treatment Part B	150.00
Note :total fee for renewal £360	
Variation(additional treatment High risk)Part A	300.00
Variation(additional treatment High risk) part B	0.00
Note: total fee for variation £300	
Change of details high risk	100.00
Late renewal surcharge** surcharge to be paid for renewal applications that are received within 30 days of the expiry date of the licence. Renewals received after 30 days will not be accepted and applicants will have to apply for a new licence.	40.00
Duplicate	25.00
Low risk single treatment Part A	330.00
Low risk single treatment Part B	150.00
Note: total fee for new low risk single treatment application £480	
Low risk multiple treatment Part A	450.00
Low risk multiple treatment Part B	150.00
Note: total fee for low risk multiple treatment new application £600	
Low risk renewal single treatment Part A	100.00
Low risk renewal single treatment Part B	150.00
Note: total fee for renewal single treatment £250	
Low risk renewal multiple treatment Part A	150.00
Low risk renewal multiple treatment Part B	150.00
Note: total fee for renewal £300	
Variation (additional treatment low risk)* if the additional treatment is high risk the higher risk fee must be paid.	150.00
Change of details low risk	25.00