



APPLICATION TO CARRY OUT SPECIAL TREATMENT

London Local Authorities Act 1991
FORM ST1

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</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 We will contact you for payment once your application has been accepted. <input checked="" 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..... Position in Co..... Print Name.....Date.....	Signed..... Position in Co..... Print Name.....Date.....
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Please return to:
licensing@havering.gov.uk
01708 432777



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

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All forms to be sent as one PDF document

V1:8-2023 TJM



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.

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1. DETAILS OF THE PREMISES REQUIRING A LICENCE

Trading Name	Telephone
Trading Address	Mobile
Postcode	Email

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

We will contact you direct to collect payment of the fees due. **We no longer accept cheque payments**

Please return to:
licensing@haverling.gov.uk
01708 432777