



**Part II of the London Local Authorities Act 1991 – Special Treatment  
Licence**

**PLEASE READ ALL THE FOLLOWING INSTUCTIONS FIRST**

- 1) Before completing this form please read the guidance notes at the end of the form;
- 2) Please write **CLEARLY** and use **BLACK** ink.
- 3) Please ensure all details are correctly completed, all photographs, copies of certificates and payment submitted together otherwise your application will be deemed incomplete and returned.

Application for (**Please Tick appropriate box below**)

- New Licence
- Renewal  Licence Number:
- Variation  Licence Number:
- Transfer  Licence Number:

**Section A – The Premises**

- 1) Details of the Premises at which the Special Treatments are being Provided  
(A Plan must be provided)**

Trading Name:	
Address:	
Post Code:	
Telephone Number of Premises:	Premises Email:
Premises (business) web site address:	

**Section B – The Applicant**

- 2) Who's making the application (please tick below)**

An Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Company <input type="checkbox"/>
--	--------------------------------------	--

- 3) An Individual**

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):
Forename/s:	
Surname:	
Home Address:	
Post Code:	
Home Telephone Number:	Personal Mobile Number:
Email:	
National Insurance Number:	



Date of Birth:	Place of Birth (Town & Country e.g. Hounslow, UK): <b>Go Directly to Question 6:</b>
----------------	---

**4) Partnership** (If more than 2 Partners please provide this information for each additional Partner on a separate sheet)

**Partner 1:**

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Forename/s:		
Surname:		
Home Address:		
Post Code:		
Home Telephone Number:		Personal Mobile Number:
Email:		
National Insurance Number:		
Date of Birth:	Place of Birth (Town & Country e.g. Hounslow, UK):	

**Partner 2:**

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Forename/s:		
Surname:		
Home Address:		
Post Code:		
Home Telephone Number:		Personal Mobile Number:
Email:		
National Insurance Number:		
Date of Birth:	Place of Birth (Town & Country e.g. Hounslow, UK):	

**5) Limited Company**

Name of Company:
Registered Office Address:
Post Code:
Company Registration Number:
Company Telephone Number:



Company Email:

**Section C – The Premises Manager**

**6) If the person named in this section as the ‘Premises Manager’ is not the applicant, then that person must complete the form entitled ‘Premises Manager - Consent’. This form must accompany the application. In such instances the applicant must also be satisfied that the person named as the ‘Premises Manager’ is legally entitled to work in the UK.**

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):		
Forename/s:			
Surname:			
Home Address:			
Post Code:			
Home Telephone Number:	Personal Mobile Number:		
Email:			
National Insurance Number:			
Date of Birth:	Place of Birth (Town & Country e.g. Hounslow, UK):		
<b>One passport size photograph, taken within the last month, of the ‘Practitioner’ must be provided - see Notes 15.</b>			

**Section D – The Special Treatments**

**7) Detail all the Special Treatments provided at the Premises.**

<b><u>Category 1</u></b> Laser, Intense Pulse Light	
<b><u>Category 2</u></b> Acupuncture, Body-piercing, Tattooing, Semi-permanent, make-up	
<b><u>Category 3</u></b> Massages: Tui-Na, Swedish, Thai, Stone Therapy, Acupressure, Shiatsu, Indian Head/Neck, Sports/Remedial, Body Massage, Facial Treatments (involving massage), Chiropody, Electrolysis, Facial Steamers, Floatation, Reflexology, Aromatherapy, Sunbeds, Saunas (wet & dry)	



**Category 4**

Manicure, Pedicure, Nail extensions, Ear-piercing, Nose-piercing

**Section E – Person/s providing the Special Treatments**

8) The applicant and the person named in Section C, Question 6 of this application as the Premises Manager, if they are going to provide treatments.

**Please Note:** It will be a condition of any licence granted that any person providing ‘Special Treatments’ at the premises, or allowing them to be provided, is:

- Registered and Authorised by a Health and Safety Officer of London Borough of Hounslow;
- Suitably qualified and trained; and
- Legally entitled

Given the above and prior to completing this section, its suggested applicants read the:

- Terms and Conditions which provides assistance on Qualifications & Training, Tattooing and Body Piercing.
- The Government’s guidance on how to carry out right to work checks and what documents you can accept, both of which are on the website GOV.UK

**\*\*If you have New Therapists please use the Additional Therapist Form\*\***

**Any overseas qualifications must be verified by UK NARIC.**

**Please Tick**

**Practitioner**

**Apprentice**

Title:

Mr

Mrs

Miss

Ms

Other  (please state):

Forename/s:

Surname:

Home Address:

Post Code:

Home Telephone Number:

Personal Mobile Number:

Email:

National Insurance Number:

Date of Birth:

Place of Birth (Town & Country e.g. Hounslow, UK):

Special Treatments to be Provided:

**One passport size photograph, taken within the last month, of the ‘Practitioner’ must be provided - see Notes 15.**



# London Borough of Hounslow

1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026

Please Tick

Practitioner   
Apprentice

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Forename/s:		
Surname:		
Home Address:		
Post Code:		
Home Telephone Number:		Personal Mobile Number:
Email:		
National Insurance Number:		
Date of Birth:		Place of Birth (Town & Country e.g. Hounslow, UK):
Special Treatments to be Provided:		
<b>One passport size photograph, taken within the last month, of the 'Practitioner' must be provided - see Notes 15.</b>		

Please Tick

Practitioner   
Apprentice

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Forename/s:		
Surname:		
Home Address:		
Post Code:		
Home Telephone Number:		Personal Mobile Number:
Email:		
National Insurance Number:		
Date of Birth:		Place of Birth (Town & Country e.g. Hounslow, UK):
Special Treatments to be Provided:		
<b>One passport size photograph, taken within the last month, of the 'Practitioner' must be provided - see Notes 15.</b>		



# London Borough of Hounslow

1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026

Please Tick

Practitioner   
Apprentice

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Forename/s:		
Surname:		
Home Address:		
Post Code:		
Home Telephone Number:		Personal Mobile Number:
Email:		
National Insurance Number:		
Date of Birth:		Place of Birth (Town & Country e.g. Hounslow, UK):
Special Treatments to be Provided:		
<b>One passport size photograph, taken within the last month, of the 'Practitioner' must be provided - see Notes 15.</b>		

Please Tick

Practitioner   
Apprentice

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Forename/s:		
Surname:		
Home Address:		
Post Code:		
Home Telephone Number:		Personal Mobile Number:
Email:		
National Insurance Number:		
Date of Birth:		Place of Birth (Town & Country e.g. Hounslow, UK):
Special Treatments to be Provided:		
<b>One passport size photograph, taken within the last month, of the 'Practitioner' must be provided - see Notes 15.</b>		



**Section F – Special Treatment Licence Revoked or Refused**

**9) Has the applicant ever had Special Treatment Licence Revoked or Refused?**

Please Tick:    YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES Date Revoked/Refused:
Name of the Local Authority that refused the application:		
Reason:		

**Section G – Convictions**

**10) Has ‘any person’ named in this application been convicted, within the last five years of an offence under Part II of the London Local Authorities Act 1991?**

**Please note:** ‘Any person’ means the applicant; or in respect an application made by a Partnership, each Partner; or in respect of an application made by a Company, the Company Secretary, and each Director. It also includes the individual named in Section C, Question 6 of this application ‘Premises Manager’.

Please Tick:    YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide the name of each person convicted, the offence for which they were convicted, the date of the conviction, the sentence imposed and the name and the location of the convicting court:	

**Section H – Required Documentation**

**11) The documentation set out below MUST accompany this Application.**

**Please Note:** If any documentation or payment is missing the Application will be deemed incomplete and returned.

• A plan of the premises ( <b>Not Require for Renewals</b> )	<input type="checkbox"/>
• One passport size photograph, taken within the last month, of the person named in the application as the ‘Premises Manager’	<input type="checkbox"/>
• Consent of the person named in the application as the ‘Premises Manager’	<input type="checkbox"/>
• Special Treatment Transfer Consent. ‘See Notes’	<input type="checkbox"/>
• Enclose a current up to date Electrical Certificate.	<input type="checkbox"/>
• Enclose the treatment protocol and local rules, where applicable (i.e. in relation to laser treatments).	<input type="checkbox"/>
• <b>All therapist (New and Renewals)</b> have to be Registered and Authorised by a Health and Safety Officer of London Borough of Hounslow	<input type="checkbox"/>







**Section J – Correspondence Details**

**16) Contact in respect of the Application**

Contact name (where not previously given) and postal address for correspondence associated with this application	
Name:	
Address:	
Postcode:	
Telephone:	Mobile:
Email:	
Relationship to the applicant (e.g. Solicitor, Agent):	

**Section K – Declaration**

**17) This declaration must be signed by the applicant; that is the individual named in the application; or in respect of an application made by a partnership, each partner; or in respect of an application made by a Company, the Company Director/s.**

I declare that the information contained in this application is true and accurate to the best of my knowledge and belief.	
I understand that the London Borough of Hounslow may consult other agencies about my suitability to hold a Special Treatment Premises Licence; which will include the Metropolitan Police, Planning & Enforcement and the London Fire and Emergency Planning Authority.	
I understand that the information I have provided will be stored on the Council's database and may be shared and that such information may extend to personal data.	
I have read, understood and will comply to the Council's Standard Terms & Conditions for Premises offering Special Treatments.	
Signature:	Date:
Print Name:	
Position Held:	
Signature:	Date:
Print Name:	
Position Held:	

**Please return completed form to:**

Licensing  
London Borough of Hounslow  
Hounslow House  
7 Bath Road  
Hounslow TW3 3EB



**Notes:**

***Transfer Applications - Please note that in addition to this application a Special Treatment Transfer Consent will need to be signed by the previous owner/s.***

**Section A –**

1. Question 1 asks about the premises at which special treatments are to be provided. This can be a private residential dwelling. If the business does not have a trading name or web address, just state 'not applicable' (N/A).
2. A plan of the premises **must** be provided with the application. Failure to do so will result in the application being rejected. The plan must be drawn to a scale of 1:100, unless the Council has previously confirmed in writing that an alternative scale is acceptable, have a Key/Legend and must show the following:
  - a) the extent of the boundary of the building, if relevant, and any external and internal walls of the building and, if different, the perimeter of the premises;
  - b) the location of points of access to and egress from the premises;
  - c) if different from (b) above, the location of escape routes from the premises;
  - d) the area within the premises to which the public have access, including all areas for the provision of special treatments;
  - e) fixed structures including sinks, hand wash basins, windows, ventilation systems and doors;
  - f) in a case where the premises include any steps, stairs, elevators or lifts, the location of the steps, stairs, elevators or lifts;
  - g) the location of the room or room(s) containing WC's, baths or showers; and
  - h) the location and type of any fire safety equipment.

**Section B –**

3. Questions 2 to 5 are self-explanatory – they ask who is making the application and for details of the applicant, who may be an individual, a partnership or a company.

**Section C –**

4. Question 6 asks for the details of the person who will be responsible for the day to day management of the premises. This person can be the applicant. If the person named as the 'Premises Manager' is not the applicant they must complete the form entitled 'Premises Manager - Consent'; and this form must accompany the application. Failure to do so will result in the application being rejected.
5. One passport size and quality photographs, taken within the last month, of the person named in the application as the 'Premises Manager' must accompany the application. Their name must be printed on the reverse side of each photograph. Failure to do so will result in the application being rejected.  
(Please refer to **Note 15** below for additional information as to acceptable photographs).

**Section D –**

6. Question 7 asks for the detail of the different types of 'special treatment' to be provided at the premises. It is important that applicants list all the different 'special treatments' they want to provide, as only those listed in the application will be considered. Applicants may wish to refer to the Council's guidance **A–Z of Special Treatments**, as this guidance lists the various special treatments that are known to this Council.

**Note:** Any licence issued will set out the different 'special treatments' that are allowed to be provided at the premises.

**Section E –**

7. Question 8 asks about the individuals who will be providing the 'special treatments' at the premises. For each individual (practitioner) it asks for their personal details and for the specific 'special treatment' they are intending to provide. It is important that all **the individuals who will provide 'special treatments' at the premises are listed and are authorised by a Health and Safety Officer of the London Borough of Hounslow prior to**



**any treatments being carried out**, as only those named in the application will be considered. If the applicant and, where different, the 'Premises Manager', are going to provide 'special treatments' at the premises they also need to be listed.

**Note:** Any licence issued will list the individuals (practitioners) allowed to provide 'special treatments' at the premises.

8. It is for the applicant to satisfy themselves that all individuals named in question 8 have the appropriate qualifications and/or training to provide the specific 'special treatments' they will be providing. It will be a condition on any licence granted that 'training records' are kept in respect of all persons providing 'special treatment'.
9. **All overseas qualifications must be verified by UK NARIC.**
10. Renewal applicants will not be required to submit any qualifications unless they wish to apply to be able to provide new licensable treatments for which we do not hold a copy of their qualification unless the below becomes applicable.
11. Previous submitted therapist qualifications: Each year as part of our review process in regards to the current standard of qualification level required by a therapist we may decline any previously submitted qualification(s) if they do not meet the qualification standard. These standards are set out in the A-Z List of Treatments / Therapies, available on our website. If a therapist qualification(s) is subsequently declined, then the therapist will need to provide further evidence to demonstrate they meet the current standard(s).
12. The minimum level of a qualification is the required NVQ / SVQ Level 2 or City & Guilds or other nationally recognised and accredited qualification. This means the therapist will be required to provide additional evidence to show they have since met the required standards(s) of qualification.
13. All new practitioners' qualifications must be provided to the Council prior to the offering or providing an licensable treatment. Their qualifications will only be accepted as suitable where the training has been provided by those providers identified through the list of 'Accredited Training Bodies' held by the Council or where the training provider can demonstrate and provide to the Council 'Training & Qualification Syllabus etc' the candidate has undertaken, of which needs to be of a comparable standard to those training organisation's on the accredited list of providers.
14. Applicants also need to be satisfied that any person working at the premises is legally entitled to do so. The Home Office has issued guidance to assist employers in this respect.
15. One passport size photograph, taken within the last month, of all persons named in question 8 as providing 'special treatments' at the premises **must** accompany the application. The Practitioners name must be printed on the reverse side of each photograph. Failure to provide satisfactory photographs will result in the application being rejected.

To be accepted the photographs must be:

- the standard size used in photo booths in the UK (which is 45 mm high x 35mm wide); and not be a cut down version of a larger picture;
- printed to a professional standard;
- taken within the last month;
- in colour on plain white photographic paper with no border;
- taken against a plain cream or light grey background;
- clear and in focus;
- without any creases or tears
- marked on reverse with the individuals full name;
- unaltered by computer software;
- a close-up of the individuals full head and upper shoulders; and
- in clear contrast to the background.

Photographs **must not** contain other objects or people and the individual in the photograph **must be** facing forward and looking straight at the camera.



16. This section is self-explanatory. Question 9 asks about any 'special treatment' licences or registrations the applicant may hold; if the applicant has ever had an application refused; and if the applicant has ever had a licence or registration revoked. This question applies to premises anywhere in the UK, not just those located in the London Borough of Hounslow.

## Section G –

17. Question 10 is self-explanatory; it asks if any person named in the application has been convicted of an offence under the Act.

## Section H –

18. This section acts as a reminder to the applicant to provide the correct fee and all other required documentation. The fee in respect of this application is as prescribed in the Councils, guidance 'Special Treatment Fees'.

19. **Bacs Payments** the account details are below. You will need to put in the **reference field** when before transferring: code **C5370V144**. This to ensure the money goes into the correct account. We then require a print out of the **payment receipt** along with the application so we have proof of payment.

Account Name:	LB Hounslow Main Account
Account Number:	20364814
Sort Code:	60-11-18

20. **Card Payment:** You can call the Licensing Team to make a card payment once the application has been received on 0208 583 4711. Payment cannot be accepted until the Team have the full application.

**Please Note: If an Officer is unable to contact you via phone or email within a two of days of receiving the application it will be deemed incomplete and sent back to you.**

## Section I –

21. This section informs the applicant of their legal responsibility to send a copy of their application, together with a copy of the plan of the premises, to the Police, Planning Enforcement and Fire Brigade. It also provides the contact addresses for all three services. It explains that failure to comply with this requirement may prevent consideration of the application.

## Section J –

22. Question 12 asks who, if not the applicant, the Council should liaise with regarding the application.

## Section K –

23. This section is self-explanatory; it sets out who must sign and date the declaration.