



APPLICATION FORM FOR MASSAGE OR SPECIAL TREATMENT LICENCE

Application to apply to the City of London Corporation, in pursuance of the provisions of Part IV of the London County Council (General Powers) Act, 1920 for a licence to carry on an Establishment for Massage or Special Treatment within the City of London.

Please answer all questions in block capitals using black ink and use additional sheets if necessary.

All questions must be answered on this application form. Failure to provide an answer may result in an incomplete application and will be returned to you.

This application, duly completed and accompanied by the appropriate fee, cheques made payable to "City of London Corporation" should be returned to the

City of London Corporation
Markets & Consumer Protection
Licensing
P O Box 270,
Guildhall,
London
EC2P 2EJ

Please note licences are strictly personal, and therefore are not transferable. New licences are accordingly required in cases in which (1) any change occurs in the constitution of a partnership; (2) a business is transferred to an incorporated company; or (3) a business is transferred from one person, society etc., to another. The requisite fee must in each case accompany the application.

If you need further assistance filling in the application or have any queries please contact the licensing team on 0207 332 3406 or e-mail: licensing@cityoflondon.gov.uk

For office use

Complete Application	
Correct Fee	
Receipt Number	

Part 1: Premises Details

Trading name:

Premises address requiring a licence:

Post Code:

Contact telephone number:

Email address:

Nature of business:

(See Note A)

Part 2: Applicant Details

Please state whether you are applying for a massage and special treatment licence as:

(Please tick as appropriate)

☐ an individual – please go to Part 2a

☐ as a company, society, association or
body - please go to part 2b

Part 2a: Individual

Full name:

Personal Address:

Post Code:

Date of birth:

Town and country of birth:

(if a naturalised British
subject) Please state date
of naturalisation:

Part 2b: Company, society, association or body

Registered company name:	
Registered company number:	
Registered company address:	
Post Code	
Please name here up to 2 people who shall be the Chairman, MD, CEO, Company Secretary or the individual owner(s) of the company:	
Applicant 1	Applicant 2
Full name:	Full name:
Personal address:	Personal address:
Date of birth:	Date of birth:
Town and country of birth:	Town and country of birth:
If the application is made by a company, society, association or body, please state full name and private address of manager responsible for operation of the premises/establishment:	

Part 3: List of Treatment

Please tick treatments to be licenced:
(See Note B)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Facial(only if
massage
included) | <input type="checkbox"/> Manual
Lymphatic
Drainage | <input type="checkbox"/> Radio
Frequency |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Facial Steamers | <input type="checkbox"/> Marma Therapy | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Anthroposphical
Medicine | <input type="checkbox"/> Fairbane
Method/Tangent
Method | <input type="checkbox"/> Meta
Aromatherapy | <input type="checkbox"/> Rolfiging |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Faradism | <input type="checkbox"/> Metamorphic
Technique | <input type="checkbox"/> Roll Shaper |
| <input type="checkbox"/> Auricular
Acupuncture | <input type="checkbox"/> Fish therapy | <input type="checkbox"/> Micro Current
Therapy | <input type="checkbox"/> Sauna |
| <input type="checkbox"/> Ayurvedic
Medicine | <input type="checkbox"/> Flotation Tank | <input type="checkbox"/> Microdermal
Anchors | <input type="checkbox"/> Scenar Therapy |
| <input type="checkbox"/> Beading | <input type="checkbox"/> Foot Detox | <input type="checkbox"/> Micro –
Dermabrasion
(with laser) | <input type="checkbox"/> Sclerotherapy |
| <input type="checkbox"/> Bio Skin Jetting | <input type="checkbox"/> Freeway – Cer | <input type="checkbox"/> Micropigmentati
on (Semi
Permanent
Make up) | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Body Massage | <input type="checkbox"/> Galvanism | <input type="checkbox"/> Moxibustion | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Grinberg
Method | <input type="checkbox"/> N.A.E.T
(Namripad
Allergy
Elimination
Technique) | <input type="checkbox"/> Sport/Remedial
Massage |
| <input type="checkbox"/> Body Talk | <input type="checkbox"/> Gyratory
Massage | <input type="checkbox"/> Nails Extensions | <input type="checkbox"/> Steam Room/
Bath |
| <input type="checkbox"/> Bowen
Technique | <input type="checkbox"/> Halotherapy/
Speliotherapy | <input type="checkbox"/> Neurosseletal
Re-Alignment | <input type="checkbox"/> Stone Therapy |
| <input type="checkbox"/> Champissage
(Indian Head
Massage) | <input type="checkbox"/> High Frequency | <input type="checkbox"/> No Hands
Massage | <input type="checkbox"/> TAT (Tpas
Acupressure
Technique) |
| <input type="checkbox"/> Chiropody /
Podiatry | <input type="checkbox"/> Holistic
Massage | <input type="checkbox"/> Osteomyology | <input type="checkbox"/> Tattoo Removal |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Hot Air Massage | <input type="checkbox"/> Osteopathy | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Colour Therapy
(Chromatherapy
) | <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Oxygen Therapy
(Oxygen Bars
Only) | <input type="checkbox"/> Temptooing |
| <input type="checkbox"/> Cryosauna | <input type="checkbox"/> Infra-Red | <input type="checkbox"/> Ozone Sauna | <input type="checkbox"/> Thai Massage |
| <input type="checkbox"/> Detox Box | <input type="checkbox"/> Ken Eyerman
Technique | <input type="checkbox"/> Pedicure | <input type="checkbox"/> Thalassatherapy |
| <input type="checkbox"/> Dry Needling | <input type="checkbox"/> Kirlian
Photography | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Therapeutic /
Holistic
Massage |
| <input type="checkbox"/> Electrolysis
(Hair Removal) | <input type="checkbox"/> Korean Hand
Therapy | <input type="checkbox"/> Polarity Therapy | <input type="checkbox"/> Thermavein |
| <input type="checkbox"/> Advance
Electrolysis
(Moles, Warts,
Skin Tags) | <input type="checkbox"/> Lasers/Intense
Pulse Light | <input type="checkbox"/> Qi Gong | <input type="checkbox"/> Tui – Na |
| <input type="checkbox"/> Emotional
Freedom
Technique | <input type="checkbox"/> Lipo Laser | | <input type="checkbox"/> Ultra Sonic |
| <input type="checkbox"/> Endermologie | <input type="checkbox"/> Lumi Lift/Lumi
Facials | | <input type="checkbox"/> Ultra Violet
Tanning |
| | <input type="checkbox"/> Manicures | | |

If you provide any of the following treatments please tick and note that you will need to complete a separate registration form and there is an additional fee (please see fee's sheet)

☐ Acupuncture

☐ Cosmetic Piercing

☐ Electrolysis

☐ Tattooing (including Semi permanent make up)

(Please submit a treatment price list with this application)

Part 4: Additional Information

Addresses of any other similar businesses in which the applicant has an interest in, please give details of any previous massage or beauty therapy type of business

(a) Owned by applicant or

(b) In which applicant has been employed

Part 5: Declaration

I /We declare that the above particulars are true in every respect.

Signature: (or signatures in the case of a partnership)

1st Applicant

2nd Applicant

Date:.....

The application must be signed by the responsible person or persons proposing to carry on the establishment. In the case of a limited company the Managing Director or secretary should sign. A non-incorporated society, union or institution must comply with the requirements set out in Note D.

NOTE - Obtaining a licence by wilful misrepresentation or the wilful omission to give required particulars constitutes a punishable offence and may involve the revocation of the licence.

Licences will expire on 31st March in each year (irrespective of the date of issue). The scale of fees for the grant of licences for the whole or part of a year is as stated on the accompanying fee schedule.

NOTES

A. - The trade name or title of the establishment specified in this application must not be changed unless the City of London Corporation has previously been notified in writing, and the licence returned for endorsement. No additional fee is payable.

B. - The nature of the treatment or treatments to be given at the establishment should be clearly stated. If it is subsequently desired to administer some other form of treatment than that specified in this application the City of London Corporation must be previously notified in writing and the licence returned for endorsement.

C - A licensee desiring to occupy premises other than those specified in the licence must apply on the official form for a new licence for which a fee will be charged. A form of application may be obtained from the address below, and the current licence must be returned with the application for cancellation.

D. - A non-incorporated society, union or institution desiring to obtain a licence must authorise some responsible person to make application in his own name as its authorised agent to carry on the establishment. The application must be accompanied by a certified copy of the authorisation. If the authorised agent be changed, application for a new licence must at once be made to the City of London Corporation by the new agent in his own name, and the appropriate fee, together with a certified copy of the resolution authorising him to act must accompany the application.

E. - Where any company registered under the Companies Act 2006, or any Act amending the same, commits any offence for which a penalty is provided by Section 16 of the London County Council (General Powers) Act 1920, the Licensing Authority may take proceedings in respect of such offence against all or any of the directors and managers of such company, as well as or instead of against the company, and each such director and manager shall be liable on conviction to the like penalty as if he or they were the person or persons committing the offence.