

# Application for New Massage and Special Treatment Licence 2020-21



This form should be fully completed, signed and sent to:

**Hammersmith & Fulham Council**  
**Environment Dept Food and Safety Team**  
**Hammersmith Town Hall**  
**King Street London W6 9JU**

☎ 020 8753 1081 ✉ [mst@lbhf.gov.uk](mailto:mst@lbhf.gov.uk)

See [www.lbhf.gov.uk/mst](http://www.lbhf.gov.uk/mst) for guidance on how to comply with  
the revised Standard Conditions dated 1 March 2020

<b>This box is for office use only.</b>
Licence number
Date Form Received
Fee Paid £
Date Fee Paid
DC / CC

## 1) I/We apply to Hammersmith & Fulham Council for a NEW Massage and Special Treatment Licence

**TRADING AS NAME:**

**ADDRESS:**

**POSTCODE:**

**CONTACT NAME:**

**PREMISES TELEPHONE NUMBER:**

**EMAIL:**

## 2) Individual Licensee (complete if applicable)

(if more than one licensee please attach additional sheet with this application)

**FULL NAME OF APPLICANT:**

Mr / Mrs / Ms / Miss / other....

**HOME ADDRESS OF APPLICANT:**

**POSTCODE:**

**PERSONAL TELEPHONE/ MOBILE NUMBER:**

**EMAIL:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

## 3) Company Details (complete if applicable)

<b>Registered Company Name</b>	
<b>Companies House Registration Number</b>	
<b>Legal Status</b> (Company Partnership, Sole Trader etc)	
<b>Full names of Company Director (s)</b>	<b>Date of Birth and Place of Birth</b>
<b>1</b>	<b>1</b>
<b>2</b>	<b>2</b>
<b>Company Registered Address</b>	<b>Preferred postal address for correspondence</b>
	<b>Preferred email address for correspondence</b>

<b>4) You must send a copy of this application form to the Police and Fire Brigade</b>		
Hammersmith & Fulham Licensing Unit Metropolitan Police Service ✉ AWMailbox.Licensing@met.police.uk	By: EMAIL	Date:
Fire Safety Regulation Hammersmith, Fulham & Richmond London Fire Brigade ✉ firesafetyregulationSW@london-fire.gov.uk	By: EMAIL	Date:

#### 5) Conduct and management of the premises

Will the applicant be personally in charge of the conduct and management when the premises is open?	Yes / No
Who will be the nominated responsible person acting for the licence holder when the licence holder is not at the premises?	Name: Job Title:
How many staff will be employed at the premises?	Full time: Part time:
Who do you intend to offer treatments to?	Men only / Women only / Men and Women
Give full details of general waste disposal company and frequency of collection	
Give full details of special waste disposal company (needles, swabs etc) and frequency of collection	

#### 6) Safety Certification and premises information

Gas safety certificate (annual)  Find an engineer at 0800 408 5500 or <a href="http://www.GasSafeRegister.co.uk">www.GasSafeRegister.co.uk</a>	Date of inspection..... Company..... Gas Safe Registration number..... Engineer name..... Gas Safe Registration number.....
Electric installation inspection (periodic)  Information at <a href="http://www.hse.gov.uk/electricity">www.hse.gov.uk/electricity</a>	Date of inspection..... Company name..... Electrician name..... Next inspection due date.....
Electrical appliances testing (annual)  Information at <a href="http://www.hse.gov.uk/electricity">www.hse.gov.uk/electricity</a>	Date of inspection..... Company name..... Electrician name.....
Fire Risk Assessment for the premises  Information at <a href="http://www.london-fire.gov.uk/FireRiskAssessment">www.london-fire.gov.uk/FireRiskAssessment</a>	Date completed..... Company name..... Assessor name..... Review due date.....
Give details	Number of treatment rooms..... Number of sunbeds..... Number of cosmetic laser/IPL/LED machines.....
Opening times	

**7) Please tick the licensable treatments you intend to offer:**

Acupuncture	<input type="checkbox"/>	Lipolysis	<input type="checkbox"/>	Sauna	<input type="checkbox"/>
Aromatherapy (blending of oils)	<input type="checkbox"/>	LED (light emitting diode)	<input type="checkbox"/>	Spa pool/Jacuzzi	<input type="checkbox"/>
Body massage	<input type="checkbox"/>	High power LED (over 500 mW)	<input type="checkbox"/>	Sports massage	<input type="checkbox"/>
Body piercing	<input type="checkbox"/>	Manicure	<input type="checkbox"/>	Steam room	<input type="checkbox"/>
Ear piercing	<input type="checkbox"/>	Microblading	<input type="checkbox"/>	Tattooing	<input type="checkbox"/>
Electrolysis	<input type="checkbox"/>	Microcurrent therapy	<input type="checkbox"/>	Thai massage	<input type="checkbox"/>
Facial steamer	<input type="checkbox"/>	Micropigmentation/permanent makeup	<input type="checkbox"/>	Therapeutic/holistic massage	<input type="checkbox"/>
Indian head massage	<input type="checkbox"/>	Nail extensions	<input type="checkbox"/>	Tuina	<input type="checkbox"/>
Infra-red treatments	<input type="checkbox"/>	Nose piercing	<input type="checkbox"/>	Ultra Violet tanning/sunbed	<input type="checkbox"/>
Intense pulse light (IPL)	<input type="checkbox"/>	Oxygen therapy	<input type="checkbox"/>	Ultra sonic treatments	<input type="checkbox"/>
Laser cosmetic rejuvenation	<input type="checkbox"/>	Pedicure	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laser hair removal	<input type="checkbox"/>	Radio frequency	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laser tattoo removal	<input type="checkbox"/>	Reflexology	<input type="checkbox"/>	Other:	<input type="checkbox"/>

**8) Please tick other treatments you offer which do not require licence or therapist registration:**

Body wraps	<input type="checkbox"/>	Derma roller/pen	<input type="checkbox"/>	Injectables	<input type="checkbox"/>
Bleaching skin	<input type="checkbox"/>	Eyebrow shaping / tinting	<input type="checkbox"/>	Mesotherapy	<input type="checkbox"/>
Chemical skin peels	<input type="checkbox"/>	Eyelash treatments	<input type="checkbox"/>	Micro dermabrasion	<input type="checkbox"/>
Cupping	<input type="checkbox"/>	Ultrasound	<input type="checkbox"/>	Waxing or sugaring hair removal	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	Osteopathy	<input type="checkbox"/>	Chiropractic	<input type="checkbox"/>

**9) Therapists**

<b>Names of Therapists already registered:</b>	<b>Reference number on Registration Document e.g. 2019/00001/MSTTH</b>	<b>Treatments provided by the therapist</b>
<b>Names of new therapists to be registered (if any)</b>	<b>Application form, training certificates and fee enclosed/paid? State Yes or No</b>	<b>Treatments to be provided by the therapist/s</b>

## 10)Declaration

<b>DECLARATION</b>	*Delete as appropriate
I/We declare that I/we have read and understood the Standard Conditions (version dated 1 March 2020) available at See <a href="http://www.lbhf.gov.uk/mst">www.lbhf.gov.uk/mst</a>	Yes / No
I/We enclose application forms for all therapists providing special treatments who require registration	Yes / No / Not applicable
I enclose a detailed plan / sketch of the premises	Yes / No
I enclose a copy of the latest Gas Safety Certificate	Yes / No / Not applicable
I enclose a copy of the portable appliances testing record for all equipment used at the premises	Yes / No / Not applicable – all new equipment
I enclose a copy of the latest electrical installation safety certificate	Yes / No
I enclose a copy of the Public Liability Insurance certificate	Yes / No
I enclose a copy of the Employers Liability Insurance certificate	Yes / No / Not applicable
I/We declare that the details given in this application are true to the best of my knowledge and belief	Yes / No
I/We confirm payment of the Massage and Special Treatment Licence fee and Therapist Registration fee(s) has been made	Date paid by phone..... <b>Total amount paid £</b>
I/We commit to take appropriate action to prevent modern slavery exploitation if there is any suspicion someone is a victim.	Yes / No
I/We declare that persons named on this application form have not been convicted of an offence under Part II of the London Local Authorities Act 1991	Yes / No
I understand and consent to the disclosure to the Council by the Police of the record of any criminal convictions(s), other than spent convictions in the meaning of the Rehabilitation of Offenders Act 1974.	Yes / No
I/We acknowledge the following: <ul style="list-style-type: none"> <li>• Failure to provide ALL the information requested and the fee in full will deem the application incomplete and your application will not be accepted.</li> <li>• You must not permit any Massage or Special Treatments at the premises until the licence has been granted.</li> <li>• Therapists must not carry out any licensable treatments until registration has been confirmed.</li> <li>• Engagement in any business activity seen to be connected to modern slavery or human exploitation can lead to licence renewal refusal.</li> <li>• The council's Data Protection Act and GDPR information is at <a href="http://www.lbhf.gov.uk/mst">www.lbhf.gov.uk/mst</a></li> </ul>	
<b>Signed:</b> ..... <b>Name:</b> .....	<b>Date:</b> .....
I am the: Business Owner <input type="checkbox"/> Business Manager <input type="checkbox"/> Agent <input type="checkbox"/> Other.....	

## 11)Massage and Special Treatment Licence Fees valid from 1<sup>st</sup> August 2019

Licence/ Application Type	Part A Application fee	Part B Ongoing costs	Total Fee
New Licence application	£475	£291	<b>£766</b>
Licence Renewal	£245	£291	<b>£536</b>
Therapist Registration <i>Valid for 3 years</i>	£131	n/a	<b>£131</b>
Licence variation - additional treatment - removal of permitted treatments - change of trading name - change of licensee name or address (not transfer to another person) - deposit amended layout plan <i>Payable at any time other than on renewal.</i>	£348	n/a	<b>£348</b>
Transfer of Licence <i>To a different person or company</i>	£341	n/a	<b>£341</b>
Occasional Licence <i>Up to 5 days duration</i>	£242	n/a	<b>£242</b>

## 12)Notes

**Payment options** Telephone 020 8753 1081 to make a payment by Debit Card or Credit Card.

**Licence expiry dates** The expiry date of the licence will depend on the address of the business and will be either 31 March, 31 July or 30 November. The fee payable on application will depend on the month that you apply. \* The Total Cost is payable in full if there are 6 to 12 months until the next renewal date \* 50% of Total Cost is payable if there are up to 6 months until the next renewal date \* If there are 3 months or less until the next renewal date then 150% of the Total Cost is payable. The licence will run for up to 15 months until the following year renewal date. **Please email [mst@lbhf.gov.uk](mailto:mst@lbhf.gov.uk) for confirmation of the fee that is due, giving the business address and proposed opening date.**

**The fee structure explained** \* Part A and Part B fees can be paid together at the beginning of the application process. Paying Part A and Part B with the application will mean that as soon as the licence has been granted the applicant can carry out treatments.

\* Part A covers the administration costs of processing the application. Part A must be paid when application is made. Part B is to cover other costs of the Massage and Special Treatment Licence service. This includes inspection and compliance visits, enforcement action and other costs not directly associated with the processing of the application. Part B is payable if the licence is granted.

\* If Part B is not paid on application it will be a condition of the licence that Part B must be paid within 7 days of notification of the licence being granted. If Part B is not paid within 7 days the licence will not be valid and treatments covered by the licence must not be carried out. We strongly recommend that Part A and Part B are paid together.

**Fee refunds** \* If an application for a licence is not granted or if the applicant withdraws the application the Part A fee is not refundable. A refund for Part B minus a fee of £48 to cover Council administration costs can be made on written request from the applicant if it was paid on application. \* If an annual licence is surrendered (for example if the business closes) a partial refund of the Part B fee only can be given to the Licence Holder. The value of the refund will be calculated as one-twelfth of the Part B paid for each complete month which remains unexpired at date of surrender minus an administration fee of £48. The date of surrender will be deemed to be the date the Council receives the paper licence. \* If a licence is withdrawn by the Council (for example for non-compliance with licence conditions) no refund is payable.

**Data protection** \* The Data Protection Act 2018 protects information that identifies you. The act ensures the UK's national data protection arrangements meet the EU General Data Protection Regulation (GDPR). For more information: <https://www.lbhf.gov.uk/business/licensing/massage-and-special-treatment>