

**New special treatment licence application pack**

**This pack contains:**

Licence application form
Fees list
Window advertisement (all new applications)
Our policy
Regulations and licence conditions
Information about licence exemptions

For all queries contact Special Treatment Licensing on 020 8359 7995

<b>Office Use Only</b>			
Casefile No		Inputting Officer	
Ward		Date Inputted	
Officer Initials		Date Consultation Sent	
		Application docs attached	

**Establishment for Special Treatment**

**I/We hereby apply to the Council of the London Borough of Barnet for a Licence to carry on an Establishment for Special Treatment in accordance with Part II of the London Local authorities Act 1991**

Please complete in BLOCK CAPITALS using **black** ink, continuing on separate sheets if necessary.

**SECTION 1 – THE PREMISES FOR WHICH THE LICENCE IS SOUGHT**

Trading name		
Address:		
Telephone Number:		
E-mail Address:		
Please indicate if you are applying for a licence that would provide licensed treatments in a Business or Domestic premises	Business	Domestic

## SECTION 2 – INTERESTED PARTIES

### APPLICANT(S) (Proposed Licence Holder)

Full name of the applicant: (Mr, Mrs, Ms)	
Date of birth:	
Place of birth:	
Private address:	
Daytime telephone number:	

Full name of the applicant: (Mr, Mrs, Ms)	
Date of birth:	
Place of birth:	
Private address:	
Daytime telephone number:	

Please indicate if you are a sole trader/practitioner operating from your licensed residential premises?	<b>Yes</b> (please see notes on page 8 for potential fee reduction)	<b>No</b>
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### COMPANY / SOCIETY / BODY / ASSOCIATION

*Only complete this section if the application is made by or on behalf of a Company, Society, Body or Association.*

Full name of the applicant: (Mr, Mrs, Ms)	
The address of the registered or principal office:	
Private address of applicant:	
Daytime telephone number:	

Full name of the applicant: (Mr, Mrs, Ms)	
The address of the registered or principal office:	
Private address of applicant:	
Daytime telephone number:	

**MANAGEMENT**

*The person who will be responsible for the day to day management*

Full name of the Manager: (Mr, Mrs, Ms)	
Date of birth:	
Place of birth:	
Private address:	
Daytime telephone number:	

Full name of the Manager: (Mr, Mrs, Ms)	
Date of birth:	
Place of birth:	
Private address:	
Daytime telephone number:	

**OTHER ESTABLISHMENT(S)**

*Only complete this section if the applicant is, or has been, employed / self-employed / interested in any other special treatment premises in the last five years.*

Address of premises:	
Nature of interest:	

### SECTION 3 – PRACTITIONERS

Please list the **full name** and relevant technical qualifications of **every practitioner** who will carry out special treatment, **and say which treatment(s) each person will give** and enclose copies of their qualification certificates. If you omit a practitioner or a treatment, they will not appear on your licence, and you may have to apply for a variation to have them added later, for which a charge will be made. Please continue on a separate sheet if necessary.

Full name:(Mr, Mrs, Miss, Ms)	
Treatments to be provided:	
Qualifications:	

Full name:(Mr, Mrs, Miss, Ms)	
Treatments to be provided:	
Qualifications:	

Full name:(Mr, Mrs, Miss, Ms)	
Treatments to be provided:	
Qualifications:	

Full Name: (Mr, Mrs, Miss, Ms)	
Treatments to be provided:	
Qualifications:	

Will clients be male, female, or will they include both?

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## SECTION 4 – FIRE SAFETY

To comply with the London Local Authorities Act 1991, we must send a copy of this application to the Fire Authority.

Please answer the following questions:

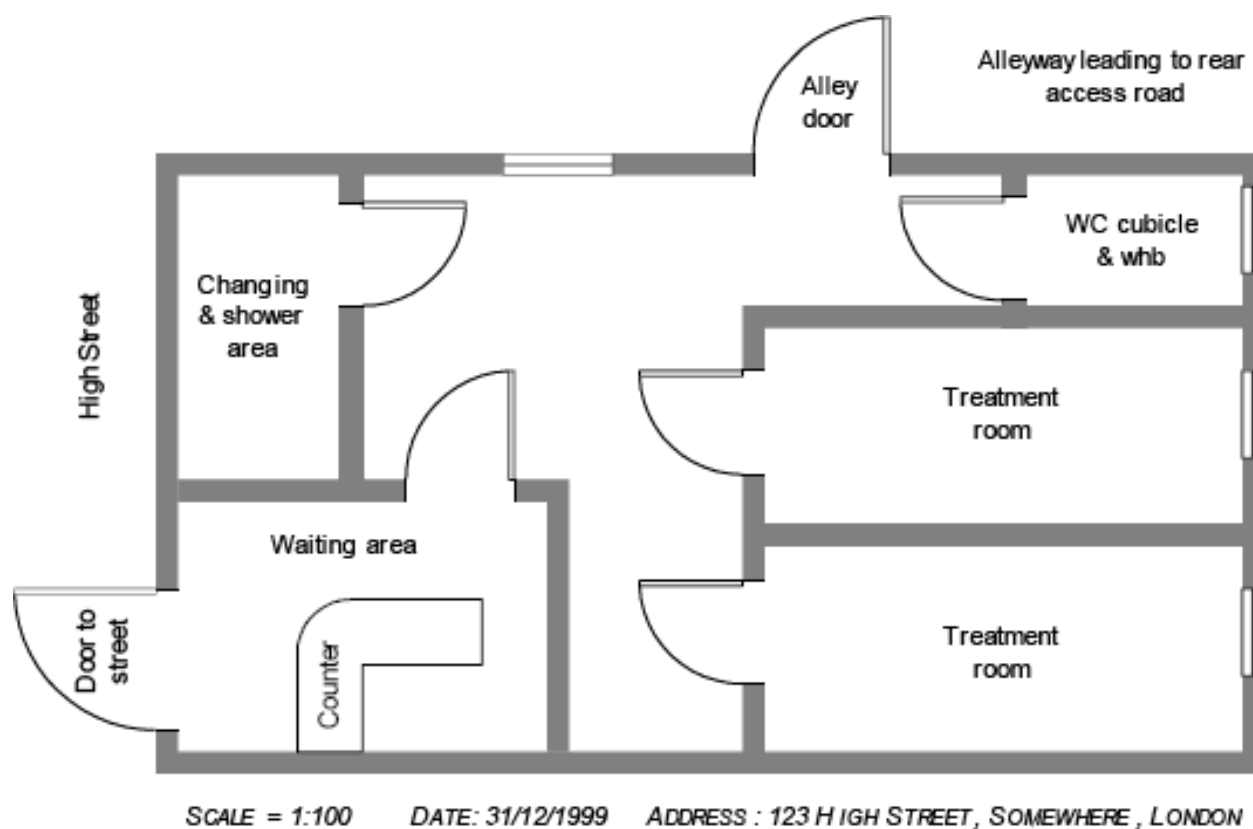
1) Does the premises have a basement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2) Does the proposed shop or workspace have stairs to another floor within the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3) If 'yes' to question 2, does it have a door separating the workspace from the stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4) If 'yes' to question 2, what are the other floors in the building being used for?	
5) Does the shop or workspace have an alternative means of escape to a place of safety that is separate from the usual entrance to the shop or workspace?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) Is the shop or workspace provided with a fire extinguisher?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7) If 'yes' to question 6, what type of fire extinguisher?	
8) If 'yes' to question 6, when was it last serviced?	
9) Have you carried out a written Fire Risk Assessment in accordance with the Regulatory Reform (Fire Safety) Order 2005?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Have you prepared an Emergency Plan in accordance with the Regulatory Reform (Fire Safety) Order 2005?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11) Is your premises and all treatment areas and fire escapes within your premises fully wheelchair accessible.	Yes <input type="checkbox"/> No <input type="checkbox"/>
12) If 'no' to question 11, please indicate which areas of the premises are not accessible to wheelchair users ..... ..... .....	

If you would like more information on questions 9 and 10 please visit the following website:  
<http://www.london-fire.gov.uk/YourSafety.asp>

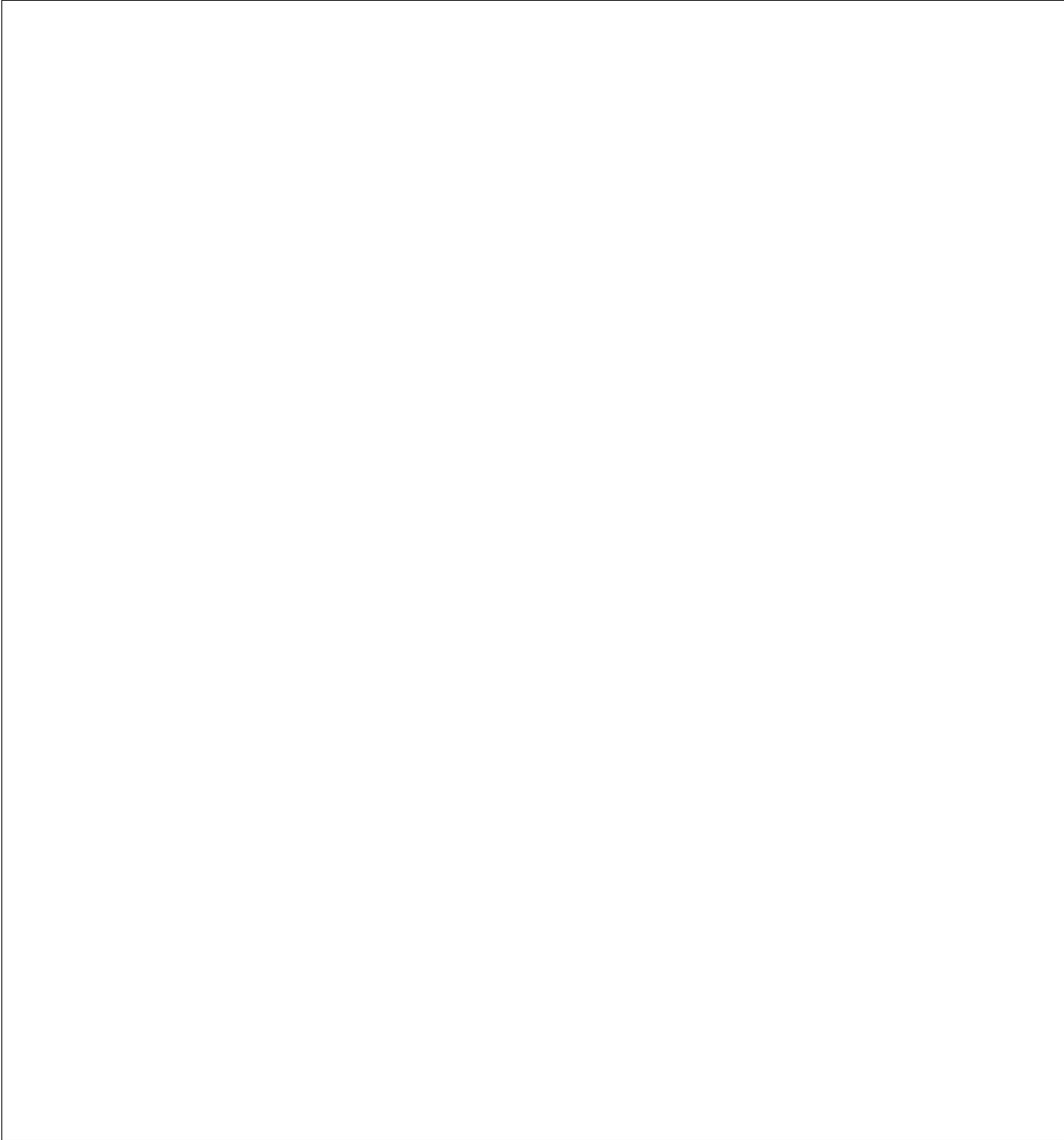
To help the fire authority assess the premises, please draw a simple single line scale drawing of the premises overleaf. Please include:

- Doorways and openings;
- Entrance and exits;
- All stairways;
- External and separating walls;
- Internal walls and columns;
- Any steps and number of steps or ramps at a change of floor level
- Description of room e.g. waiting room, treatment room etc.

### EXAMPLE



**PREMISES PLAN**





## Fees 1<sup>st</sup> January 2024

	New		Renewal		Variation	Transfer
	Application Fee	Issuing Fee	Application Fee	Issuing Fee	Fee	Fee
<b>Band A</b> - low risk and non-invasive treatments, including manicure, nail extensions, pedicure, ear & nose piercing using a single pierce gun designed for the purpose, steam facials and facials combined with a facial massage. Thermal Auricular Therapy (Hopi Ear Candles) if carried out with a facial massage.	£151	£153	£150	£153	£107	£71
<b>Band B</b> – medium risk non-invasive treatments, including electrical treatments (high frequency, faradism, micro-current, ultra-sonic), light treatments (Infra red), head, neck & below the knee massage (Indian head massage, reflexology).	£212	£177	£211	£177	£122	£96
<b>Band C</b> - higher risk or invasive treatments, including body massage (sports/remedial massage, aromatherapy, holistic massage, shiatsu, Thai, stone therapy) other than described in Band B, electrolysis, acupuncture, moxibustion, spas, saunas, steam rooms, tattooing, tattoo removal, semi-permanent make-up, body piercing, sunbeds/UV Tanning	£394	£214	£354	£214	£177	£114
<b>Band C1</b> - highest risk laser and intense pulsed light (IPL) treatments, including laser tattoo removal	£555	£253	£425	£253	£216	£114

(Please note that this list is not exclusive of all treatments)

### Sole Trader/Practitioner Reduction

If this application is for a licence for your residential property where you are the only practitioner (therapist) then you can reduce your application fee by the amount shown here	£10
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## **How to pay your fees:**

When submitting your application you should supply the licensing team with the '**Application Fee**' only. This can be done by making payment over the phone by debit/credit card. Your application cannot be deemed valid until this application fee has been paid.

Once the application fee has been paid and the application process (including your premises inspection has been conducted) you will need to pay the remaining Issue/Grant Fee before we can send your licence to you. Again this payment can be made by making payment by credit/debit card over the phone. Should for any reason your licence not be granted you would not need to pay the issue/grant fee. Please note however that the application fee is non refundable should your licence not be granted

Please make cheques payable to London Borough of Barnet. If in doubt about the correct fee, please contact us for assistance.

**If there is more than one treatment, the treatment that falls in the highest band determines the fee.** Only one fee is payable however many different treatments are offered, unless Laser or IPL treatments are included, in which case the Laser/IPL fee, i.e. £77.50 is added to the Band C fee. If *only* laser/IPL treatment is offered, then Band C together with the Laser/IPL fee will apply.

If at a later date you wish to offer other special treatments, employ other practitioners, or make any material change to the premises or the way in which the treatments are given, you will need to apply for a licence variation before doing so.

- **A variation is any single material change, such as an additional treatment, a new practitioner or a significant change to the premises layout. A variation fee is charged for each separate variation.**
- In addition to the basic variation fee(s), if the variation is to a higher band, for example from Band B to Band C, an additional fee will be payable. This is calculated as follows:

Take the difference between the licence fees for the two bands, multiply by the number of complete months still to run on the existing licence, and divide by 12.

For example, adding a Laser/IPL (Band C) to a licence for electrical treatments (Band B) 9 months before expiry.

Band C application fee (£355) minus Band B application fee (£245) = £110

Multiply by 9 = £990

Divide by 12 = £82.50

Add to the Band B variation fee (£83) = £165.50

Plus additional fee for Laser/IPL (£77.50)

The variation fee in this example is £243

**\*\*A transfer is a change to a different licence holder**, with no other material change.

If there are other changes, variation fee(s) will be charged in addition to the transfer.

If there are a number of changes, we may deem the licence to be a new one, for which the single new licence fee is charged.

If you have any queries please contact Special Treatment Licensing on 020 8359 7995.

**SECTION 6 – DOCUMENTS TO BE ENCLOSED**

Copies of qualification certificates for each practitioner	<input type="checkbox"/>
Line scale drawing for the premises	<input type="checkbox"/>
Current Public Liability Insurance	<input type="checkbox"/>
Electrical Instillation Condition Report (EICR)	<input type="checkbox"/>
Portable Appliance Test (PAT)	<input type="checkbox"/>
Fire Extinguisher Servicing Certificate (if applicable)	<input type="checkbox"/>
Payment for the application	<input type="checkbox"/>

Please note that there may be additional documentation needed depending on the types of treatments being provided

**SECTION 7 – DECLARATION & PAYMENT**

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

I understand that the Council may revoke or refuse to grant any licence where the applicant has knowingly given false information or omitted relevant details on their application form.

**SIGNATURES (or signatures in case of a partnership)**

<b>Name</b>		<b>Date</b>	
<b>Signature</b>			
<b>Name</b>		<b>Date</b>	
<b>Signature</b>			
<b>Name</b>		<b>Date</b>	
<b>Signature</b>			

In the case of a limited liability company, the managing director or secretary should sign

**Please indicate payment preference:**

I/we enclose a cheque/postal order for £..... (see fees list for correct amount)	<b>Yes</b>	<b>No</b>
I/we wish to make payment by debit/credit card. (You will be contacted on receipt of your application for payment to be taken). (see fees list for correct amount)	<b>Yes</b>	<b>No</b>

**Please return the fully completed application to Licensing Team, 8th Floor, 2 Bristol Avenue, Colindale, London, NW9 4EW**

This notice must be displayed in the window where clearly visible to persons outside the premises

**LONDON BOROUGH OF BARNET**

**SPECIAL TREATMENT LICENCE**

**NOTICE IS GIVEN THAT** (insert full names of the applicant(s))

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has applied to the London Borough of Barnet for a Licence to offer the following special treatments  
(insert treatments to be offered)

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at: (insert trade name & address of the premises)

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This notice will be displayed for a period of not less than 28 days beginning on (insert date)

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Anyone wishing to oppose the application must give notice in writing to

Special Treatment Licensing  
8<sup>th</sup> Floor, 2 Bristol Avenue  
Colindale  
London  
NW9 4EW

within 28 days from the date above, specifying the grounds of opposition, and must be prepared to attend a hearing before a Licensing Sub Committee.

## OUR POLICY

Our aims are to ensure that only bona fide businesses are licensed to give special treatments, and that they do not cause unacceptable risk to health and safety.

We want our enforcement activities to be fair. We know that most businesses want to operate within the law, and we do not want to penalise people who are doing their best.

We therefore make a promise to people who we can see are prepared to make an effort to comply with the law. If we find a problem, only in exceptional circumstances will we resort to immediate enforcement action. We will reserve prosecution for occasions when it is in the public interest, for example because the offence or the outcome has been particularly serious. The Council has adopted the Enforcement Concordat, and we have an Enforcement Policy to guide our enforcement decisions. Anyone can see these documents on request. Our officers work in accordance with detailed procedures that set standards for the action they take. We also have a complaint procedure. If you are aggrieved by our actions please let us know and your complaint will be investigated.

To carry out our work as a licensing and health and safety enforcing authority we have properly appointed Inspectors, with the right of entry to business premises. We investigate complaints about unsafe or unhygienic businesses. We also carry out a program of planned inspections, prioritised according to our assessment of the risk at each premises. When assessing risk we take into account not only factors such as the nature of the work carried on and the number of people who may be exposed to the risks, but also the standard of compliance with health and safety and employee welfare law, and our confidence in the business's ability to maintain proper standards.

You are expected to be aware of potential hazards connected with your business, and assess the risks that may arise to identify any precautions you may have to take. There is plenty of guidance available to help you do this, and you can contact us for information and advice.

Contact: Special Treatment Licensing

8th Floor, 2 Bristol Avenue, Colindale, London, NW9 4EW

Tel: 020 8359 7995

Email: [specialtreatments@barnet.gov.uk](mailto:specialtreatments@barnet.gov.uk)

## Regulations and Conditions & Information about licence exemptions

A full copy of our regulations and conditions and Information about licence exemptions can be found on our website using the page link below. Should you be unable to view these documents and would like us to send you a hard copy on the post please make your request by calling us on 020 8359 7995 or by emailing us on [specialtreatments@barnet.gov.uk](mailto:specialtreatments@barnet.gov.uk) .

<https://www.barnet.gov.uk/licences-permits-and-registrations/trading-licences/special-treatments>

## **How your information will be used**

Barnet Council will collect and use the information you give us to undertake our functions as a local authority and deliver services to you. It is our responsibility to ensure that your information is kept safe. Where necessary and legally allowed, we will share your information with trusted external organisations, commissioned partners and contracted service providers in order to deliver services and support to you.

The information we collect may be used to better understand your use of our services and assist us in improving our services. This is to ensure we are using public funds in the best possible way. Under our duty to protect public money we may use the information you have provided for the prevention and detection of crime. For further details of how we use your information and to understand your rights please visit [www.barnet.gov.uk/privacy](http://www.barnet.gov.uk/privacy) or email [data.protection@barnet.gov.uk](mailto:data.protection@barnet.gov.uk) to request a full copy of our privacy notice.