

London Borough of Southwark

**(PART II) LONDON LOCAL AUTHORITIES
ACT 1991 - SPECIAL TREATMENTS
LICENSING**



Application for a new special treatments establishment licence

Please complete all sections of this form using black ink. Please ensure that your answers are clear and legible. Please refer to the guidance notes provided at the end of this form to help you.

① We ELIZABETH AKINBO.....(state name) hereby apply to Southwark Council, under Section 6 of Part II of the London Local Authorities Act 1991, to licence the following premises as a special treatments establishment.

SECTION 1 – THE PREMISES

Trading name	SHEER NAILS
Address of trading premises	209 OLD KENT ROAD SE 1 5NA
Parts of the premises to be licensed	ENTIRE SHOP
Please state type of premises	<u>Commercial</u> / Residential
Contact telephone number	[REDACTED]
Email address	[REDACTED]
Web site	

SECTION 2 – THE APPLICANT

INDIVIDUAL APPLICANT

Full name	ELIZABETH AKINBO	SHEER NAILS (SHOP)
Home address	[REDACTED]	209 OLD KENT ROAD SE 1 5NA (SHOP)
Contact telephone number	[REDACTED]	[REDACTED]
Email address	[REDACTED]	[REDACTED]

PARTNERSHIP

Full name (1 st partner)	
Home address	
Contact telephone number	
Email address	
Full name (2 nd partner)	
Home address	
Contact telephone number	
Email address	

COMPANY

Full company name	SHEER NAILS
Registered office address	209 OLD KENT ROAD SE 1 5NA
Registered number	
Contact telephone number	
Company email address	
Name of Company Secretary	ELIZABETH AKINBO
Home address of Company Secretary	
Name of 1 st Director	ELIZABETH AKINBO
Home address of 1 st Director	
Name of 2 nd Director	
Home address of 2 nd Director	
Name of 3 rd Director	
Home address of 3 rd Director	

SECTION THREE – TREATMENTS TO BE OFFERED

Please indicate which of the following treatments are to be offered under the licence by placing a tick or cross next to the treatment					
ACUPUNCTURE					
Acupuncture		Dry needling		Korean hand therapy	
Moxibustion		NAET		Osteomyology	
COSMETIC PIERCING					
Beading		Bio skin jetting		Body piercing	
Dermal anchors		Electrolysis		Advanced electrolysis	
Microdermal anchors		Tattoo removal			
ELECTRIC					
Endermologie		Faradism		Foot detox	
Galvanism		High frequency		Kirilian photography	
Lumi lift / facials		Micro current therapy		Scenar therapy	
Ultra sonic					
LIGHT					
Colour therapy		Infra red		Lasers / intense pulse light	
Ultra violet tanning					
MANICURE / PEDICURE					
Manicure	<input checked="" type="checkbox"/>	Nail extensions	<input checked="" type="checkbox"/>	Pedicure	<input checked="" type="checkbox"/>
MASSAGE					
Acupressure		Anthroposphical medicine		Aromatherapy	
Ayurvedic medicine		Body massage		Body talk	
Bowen technique		Champissage		Emotional freedom technique	
Facial massage		Fairbane method		Freeway	
Grinberg method		Gyratory massage		Holistic massage	
Hot air massage		Ken Eyerman technic		Manual lymphatic drainage	
Marma therapy		Meta aromatherapy		Metamorphic technique	
No hands massage		Polarity therapy		Qi gong	
Reflexology		Reiki		Rolfing	
Shiatsu		Sports massage		Stone therapy	
(TAT) Tapas		Thai massage		Therapeutic massage	
Tui Na					
TATTOOING					
Micropigmentation		Tattooing		Tattoo removal	
Tempattooing					
WATER / VAPOUR / BATHS					
Detox box		Facial steamer		Fish pedicure	
Flotation tank		Foot detox		Halotherapy	
Hydrotherapy		Oxygen therapy		Sauna	
Spa		Steam room / bath		Thalassatherapy	

Other treatments not included in the list on the previous page

SECTION 4 – OPERATIVES PROVIDING TREATMENTS

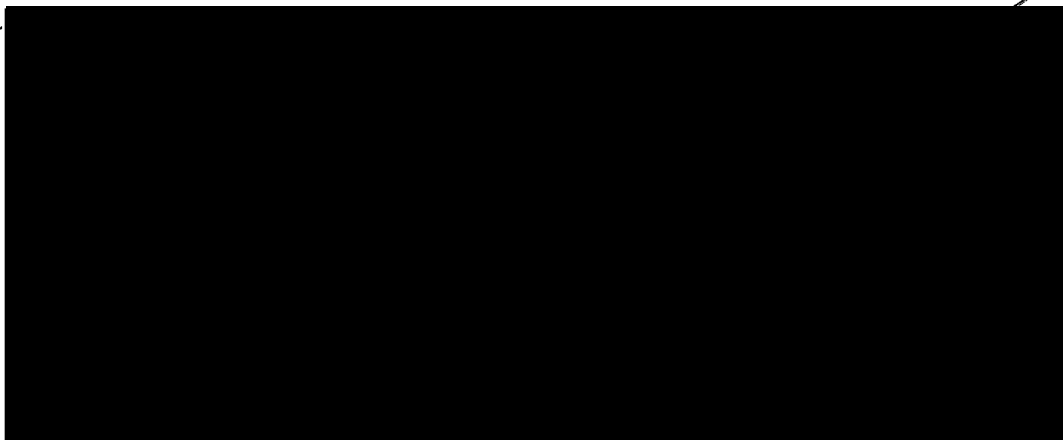
Please list all persons who will be carrying out treatments and the licensable treatments they intend to provide.

[illegible]

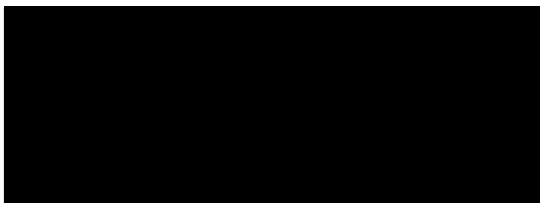
Other treatments not included in the list on the previous page

SECTION 4 – OPERATIVES PROVIDING TREATMENTS

Please list all persons who will be carrying out treatments and the licensable treatments they intend to provide.

			Qualifications / Photo ID / Photographs Included (YES / NO)
			

SECTION 5 – OTHER INFORMATION

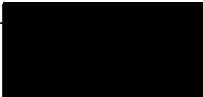
What is the interest of the applicant in the property to be licensed?	Freehold / <u>Leasehold</u> / Other (please state)
If the applicant does not possess the freehold or leasehold of the property, please provide the name and contact address of the owner.	
Will the applicant be the person in charge of the premises on a day to day basis?	<u>Yes</u> / No
If no, please provide the name of the person who will hold this responsibility?	
Please state	
Please state the proposed operating hours of the premises	Monday: 10 AM – 8 PM Tuesday: 10 AM – 8 PM Wednesday: 10 AM – 8 PM Thursday: 10 AM – 8 PM Friday: 10 AM – 8 PM Saturday: 10 AM – 8 PM Sunday: OFF
Please state whether it is intended to provide treatments to both sexes or to men or women only?	MEN AND WOMEN
Please state preferred means of contact	

SECTION 6 – CHECKLIST

Please confirm that the following steps have been taken

Application form completed in full?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Relevant fee enclosed?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Copy of application provided to the police?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Copy of application provided to the fire officer?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Original copy of operatives qualifications Enclosed?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
2 passport photographs and photo ID included for each operative?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Public notice exhibited at the premises?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Public notice placed in local press?	<input checked="" type="radio"/> Yes / <input type="radio"/> No

SECTION 7 – DECLARATION

I / we hereby declare that the particulars given below are true to the best of my / our knowledge and belief.	
Signed 	Date 15/6/19
Name (please print) ELIZABETH AKINBO	

Please submit the completed form to along with the payment either by cheque or postal order made payable to **London Borough of Southwark** and dispatch to the following address below.

Licensing & Environmental Protection Unit,
C/O Southwark Council,
Environment & Leisure Department,
PO Box 64529, London, SE1P 5LX
Email: licensing@southwark.gov.uk

To access the list of fees, please visit the link below:
http://www.southwark.gov.uk/downloads/download/80/licensing_fees

Guidance Notes

Please read these notes carefully before completing your application form.

General

1. The application should be made by the occupier of the premises.

Section 1 – The premises

2. Please provide full details of the premises intended to be used to provide the special treatments. Where asked for 'the parts of the premises to be licensed' please indicate which floors of the property and which rooms the treatments will be provided from. If you have a plan of the premises this is helpful.

Section 2 – The applicant

3. This section of the form requests full details of the applicant. Alternative sections are provided for individual and company applications. Please complete the relevant section.

Section 3 – Treatments to be offered

4. In this section you are asked to indicate the full range of treatments that you intend to provide under the licence. The treatments are divided into 8 different licensable categories, for instance massage, acupuncture, tattooing etc. We try to keep this list up to date but appreciate new treatments are appearing on the market all the time. If you intend to provide any other treatment that falls within one of the 8 licensable categories but is not listed please include this in the 'other treatments' box on page 5. Please do not include generic terms such as 'beauty therapy'.

Section 4 – Operatives providing treatments

5. Please list all operatives intending to provide licensable treatments at the premises together with their relevant qualifications. Please note that the original copy of their qualification, plus two passport sized photographs and a photo ID must be provided for us to process the application. Please note no operative may work at the premises until included on the licence document.

Section 5 – Other information

6. Asks further questions about the business operation.

Section 6 - Checklist

7. This is provided to help you ensure that you are properly submitting a completed application. Failure to provide all the requested information is likely to delay the processing of your application.
8. Please note you must copy your application to the local police and fire officer at the same time you make the application. Their contact details are given below.

Police Officer – Southwark Police Licensing Unit, Southwark Police Station, 323 Borough High Street, London, SE1 2ER

Tel: 0207 232 6756

Email: SouthwarkLicensing@met.police.uk

Fire Officer – Fire Safety Regulation: South East Area 3, London Fire Brigade, 169 Union Street, London, SE1 0LL

Tel: 020 8555 1200 ext: 36500

Fax: 020 8536 5924

Email: FireSafetyRegulationSE@london-fire.gov.uk

Health and Safety – Community Safety EHTS, 3rd Floor Hub 1, PO Box 64529, London, SE1P 5LX

Special Treatments Premises

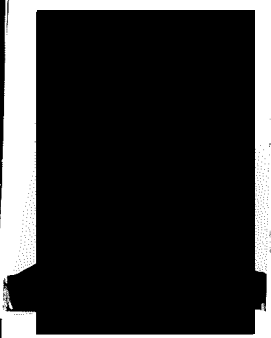
Persons Authorised to perform Treatments

Sheet to be affixed to inside front cover of premises file

Premises Name: Sheer Nails

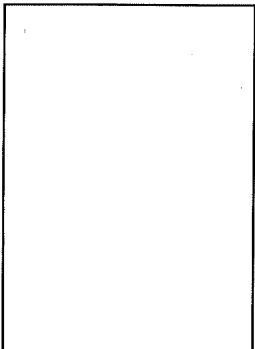
Premises Address: 209 Old Kent Road, London, SE1 5NA

Date Premises first licensed.....



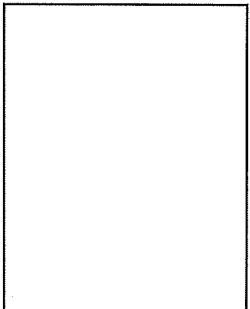
Name : Elizabeth Akinbo
Treatments: Manicure and pedicure

Date Authorised.....



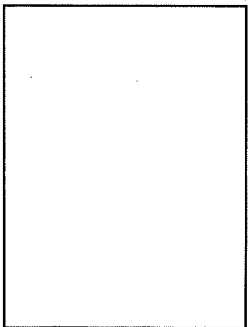
Name:
Treatments:

Date Authorised.....



Name:
Treatments:

Date Authorised.....



Name:

Treatments

Date Authorised.....