

16/09/2019

Application for a new special treatments establishment licence
Ref No. 1301902

Select fee

--	--

I/We (Please 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 treatment establishment

Section 1 - The Premises

Trading name	Ayoyemi Nails
--------------	---------------

Address of trading premises

Address	226 CAMBERWELL ROAD
Postcode	SE5 0ED

Parts of the premises to be licensed

	All the premises should licensed
--	----------------------------------

Please state type of premises

	Commercial
--	------------

Contact details

Contact telephone number	
Email address	
Web site	

Are you applying for an individual or company?

Application for a new special treatments establishment licence

Please choose	individual
---------------	------------

Section 2 - The Applicant - First Entry

	Individual Applicant
--	----------------------

Full name - First Entry

--	--

Contact details - Applicant 1 - First Entry

Address Line 1	226 CAMBERWELL ROAD
Address Line 2	LONDON
Town	LONDON
County	
Post code	SE5 0ED
Contact telephone number	
Email address	

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	
COSMETIC PIERCING	
ELECTRIC	
LIGHT	
MANICURE / PEDICURE	Manicure Nail extensions Pedicure

Please indicate which of the following treatments are to be offered under the licence by placing a tick or cross next to the treatment

MASSAGE	
TATTOOING	
WATER / VAPOUR / BATHS	
Other treatments not included in the list on the previous page	

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

Application for a new special treatments establishment licence

	Operative - 1
Name of operative	
Treatment to be provided (see point 4)	Nail technician Manicure Pedicure nail Extension
Relevant qualification	NVQ LEVEL 2
Qualifications	
photo ID	
photographs	
Photograph -2	
Do you need to add another operative ?	<u>Yes</u>

Operative - 2

Name of operative	
Treatment to be provided	Nail technician Manicure Pedicure nail Extension
Relevant qualification	NVQ LEVEL 2 AND 3 COURSES
Qualifications	
photo ID	
photographs	
Photograph -2	
Do you need to add another operative ?	<u>Yes</u>

Operative - 3

Name of operative	
Treatment to be provided	Nail technician Manicure Pedicure nail Extension
Relevant qualification	NVQ LEVEL 2 AND 3 COURSES
Qualifications	
photographs	
photo ID	
Photograph -2	
Do you wish to add another operative ?	<u>No</u>

Section 5 - Other Information

Application for a new special treatments establishment licence

What is the interest of the applicant in the	Leasehold
If other, please specify	

If the applicant does not possess the freehold or leasehold of the property, please provide the name and contact address of the owner

Full name	
Address Line 1	
Will the applicant be the person in charge of the premises on a day to day basis?	Yes
If no, please provide the name of the person	

Please state the proposed operating hours of the premises

Day	Start Time	End Time
Monday	08:00	21:00
Tuesday	08:00	21:00
Wednesday	08:00	21:00
Thursday	08:00	21:00
Friday	08:00	21:00
Saturday	08:00	21:00
Sunday	11:00	21:00

Please state whether it is intended to provide treatments to both sexes or to men or women only ?

	Both
Please state preferred means of contact	Post

Please confirm that the following steps have been taken

Application form completed in full?	Yes
Copy of application provided to the police?	No
Copy of application provided to the fire officer?	No
Original copy of operatives qualifications	Yes

Application for a new special treatments establishment licence

2 passport photographs and photo ID included	Yes
Public notice exhibited at the premises?	No
Public notice placed in local press?	No

I agree to the above statement

	I agree
PaymentDescription	Application for a new special treatments establishment licence
PaymentAmountInMinorUnits	
AuthCode	
LicenceReference	

Krishnan, Anusyutha

From: [REDACTED]
Sent: 17 September 2019 12:15
To: Krishnan, Anusyutha
Subject: Re: New apelial treatments application - 226 Camberwell Road

Dear Ms Krishna,

I put the name of the operatives in error.
The licensee should be myself [REDACTED]

Regards

[REDACTED]

Sent from my iPhone

On 17 Sep 2019, at 10:40, Krishnan, Anusyutha <Anusyutha.Krishnan@southwark.gov.uk> wrote:

Good morning,

Thank you for your application for new special treatments licence for 226 Camberwell Road.

However, please confirm whether whom do you wish the licensee to be?

I notice you have put down two different names as applicant, on pages 1 & 2.

Please respond ASAP. Thank you.

Kind Regards,

Anusyutha Krishnan
Unit Support Officer
Southwark Council | Licensing | Regulatory Services
Tel: 0207 525 7421 | Fax: 020 7525 5705
Email: licensing@southwark.gov.uk

Postal Address:
Licensing Team | 3rd Floor, Hub 1 | PO Box 64529 | London | SE1P 5LX

Visitor's Address:
160 Tooley Street | London | SE1 2QH

The email you received and any files transmitted with it are confidential, may be covered by legal and/or professional privilege and are intended solely for the use of the individual or entity to whom they are addressed.

If you have received this in error please notify us immediately.

If you are not the intended recipient of the email or the person responsible for delivering it to them you may not copy it, forward it or otherwise use it for any purpose or disclose its contents to any other person. To do so may be unlawful.