

13/02/2020
Application for a new special treatments establishment licence
Ref No. 1383055

Select fee

	£398 for 3 or more operatives which consists of application fee of £286 and compliance fee of £112
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I/We (Please state name)

	Genet Berhe
	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	Sabrina Beauty Salon
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Address of trading premises

Address	151 Rye Lane
	SabrinaBeauty Salon
	London
Postcode	SE15 4TL

Parts of the premises to be licensed

	151 Rye Lane London SE15 4TL
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Please state type of premises

	Commercial
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Contact details

Contact telephone number	██████████
Email address	████████████████████
Web site	

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Are you applying for an individual or company?

Please choose	individual
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Section 2 - The Applicant - First Entry

	Individual Applicant
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Full name - First Entry

	Genet Berhe
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Contact details - Applicant 1 - First Entry

Address Line 1	
Address Line 2	
Town	
County	
Post code	
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

ACUNPUNCTURE	
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	

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15 FEB 2020

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.

Name of operative	Treatment to be provided (see list on page 4)	Relevant qualification	Qualifications / photo ID / photographs included (YES / NO)
[REDACTED]	Manicure, pedicure, Nail extensions	VTCT level 2 NVQ Diploma in Nail services <input checked="" type="checkbox"/>	Yes
[REDACTED]	Manicure, pedicure, Nail extensions	VTCT Level 2 NVQ Diploma in Nail services	Yes
[REDACTED]	Manicure, pedicure, Nail extensions	Level 2 NVQ Diploma in Nail services <input checked="" type="checkbox"/>	Yes
[REDACTED]	Manicure, pedicure, Nail extensions	VTCT level 2 certificate in Nail treatments	Yes
[REDACTED]	Manicure, pedicure, Nail extensions	Level 3 Diploma in Nail technology (VTCT)	Yes

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

	Operative - 1
Name of operative	██████████
Treatment to be provided (see point 4)	Pedicure,Manicure and nail extensions
Relevant qualification	VTCT level 2
Qualifications	image.20.jpg
photo ID	image.21.jpg
photographs	image.22.jpg
Photograph -2	image.23.jpg
Do you need to add another operative ?	<u>Yes</u>

Operative - 2

Name of operative	██████████
Treatment to be provided	Pedicure,Manicure and Nail extension
Relevant qualification	VTCT Level 2
Qualifications	image.16.jpg
photo ID	image.17.jpg
photographs	image.18.jpg
Photograph -2	image.19.jpg
Do you need to add another operative ?	<u>No</u>

Section 5 - Other Information

What is the interest of the applicant in the	Other
If other, please specify	Shop Management AgreementA

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	151 Rye Lane London SE15 4TL
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	

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person	
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Please state the proposed operating hours of the premises

Day	Start Time	End Time
Monday	08:00	22:45
Tuesday	08:00	22:45
Wednesday	08:00	22:45
Thursday	08:00	22:00
Friday	08:00	22:00
Saturday	08:00	22:00
Sunday	08:00	22:00

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	Email

Please confirm that the following steps have been taken

Application form completed in full?	Yes
Copy of application provided to the police?	Yes
Copy of application provided to the fire officer?	Yes
Original copy of operatives qualifications	Yes
2 passport photographs and photo ID included	Yes
Public notice exhibited at the premises?	Yes
Public notice placed in local press?	Yes

I agree to the above statement

	I agree
PaymentDescription	Application for a new special treatments establishment licence
PaymentAmountInMinorUnits	39800

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AuthCode	[REDACTED]
LicenceReference	LIA-94212-384