

London Borough of Southwark

RECEIVED  
08 APR 2015**(PART II) LONDON LOCAL AUTHORITIES  
ACT 1991 - SPECIAL TREATMENTS  
LICENSING**

 Southwark  
Council
**Application to transfer a 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.

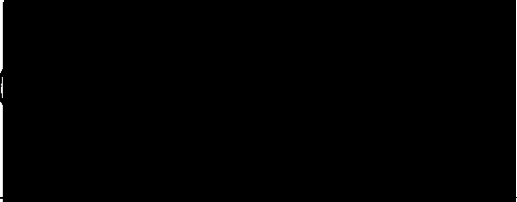

I / We XUE MEI PHUNG (state name) hereby apply to Southwark Council, under Section 6 of Part II of the London Local Authorities Act 1991, to transfer the current special treatments establishment licence issued in respect of the following premises into my / our name.

**SECTION 1 – THE PREMISES**

Trading name	888 NAILS
Address of trading premises	157 CAMBERWELL ROAD LONDON SE5 0HB
Parts of the premises to be licensed	FRONT SHOP - ONLY
Please state type of premises	<input checked="" type="radio"/> Commercial <input type="radio"/> Residential
Contact telephone number	[REDACTED]
Email address	
Web site	

## SECTION 2 – THE APPLICANT

### INDIVIDUAL APPLICANT

Full name	XUE MGI DHUNG
Home address	
Contact telephone number	
Email address	

### PARTNERSHIP

Full name (1 <sup>st</sup> partner)	
Home address	
Contact telephone number	
Email address	
Full name (2 <sup>nd</sup> partner)	
Home address	
Contact telephone number	
Email address	

## COMPANY

Full company name	888 NAILS
Registered office address	187 CAMBERWELL ROAD LONDON SE5 0HB
Registered number	
Contact telephone number	
Company email address	
Name of Company Secretary	N/A
Home address of Company Secretary	N/A
Name of 1 <sup>st</sup> Director	XUÊ MÃI PHUNG
Home address of 1 <sup>st</sup> Director	
Name of 2 <sup>nd</sup> Director	
Home address of 2 <sup>nd</sup> Director	
Name of 3 <sup>rd</sup> Director	
Home address of 3 <sup>rd</sup> Director	

### SECTION 3 – TREATMENTS TO BE OFFERED / OPERATIVES LICENSED TO PROVIDE TREATMENTS

Please confirm, by indicating in the appropriate box, whether

I / we are applying to transfer the licence with all existing licensed treatments and operatives remaining on the licence

☒

or

I / we wish to transfer the licence and remove the existing licensed treatments and / or operatives indicated below

☐

Please remove the following licensed treatments from my / our licence when issued to me / us.

Please remove the following licensed operatives from my / our licence when issued to me / us.


and / or

I / we wish to transfer the licence and add new licensed treatments and / or operatives and shall be submitting a separate variation application.

☐

### SECTION 4 – 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.	FRANK MANNING 
Will the applicant be the person in charge of the premises on a day to day basis?	<input checked="" type="radio"/> Yes <input type="radio"/> 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..... to 7.30.. Tuesday 10..... to 7.30.. Wednesday 10..... to 7.30.. Thursday 10..... to 7.30.. Friday 10..... to 7.30.. Saturday 10..... to 7.30.. Sunday ..... to .....
Please state whether it is intended to provide treatments to both sexes or to men or women only?	WOMEN
Please state preferred means of contact	TELEPHONE

## SECTION 5 – CHECKLIST

Please confirm that the following steps have been taken

Application form completed in full?	Yes / No
Relevant fee enclosed?	Yes / No
Copy of application provided to the police?	Yes / No
Copy of application provided to the fire officer?	Yes / No

## SECTION 6 – DECLARATION

I / we hereby declare that the particulars given below are true to the best of my / our knowledge and belief.	
Signed 	Date 06/04/2015
Name (please print) XUE MEI PHUNG	

Please submit the completed form to

- The Health Safety Licensing & Environmental Protection Unit, C/O Southwark Council, Environment & Leisure Department, PO Box 64529, London, SE1 5LX
- Email – [licensing@southwark.gov.uk](mailto:licensing@southwark.gov.uk)

Office Use only	
Date received	
Amount fee	
Officer	

### 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 / Operatives providing treatments

4. In this section you are asked to indicate whether it is intended to transfer the existing premises licence without any amendment made or whether it is intended to remove or add any treatments and / or operatives. If it is intended to add any new treatment or operative a separate variation application will be necessary in order that we are able to check that all necessary safeguards are taken and that operatives are properly qualified to provide the treatment.

#### Section 4 – Other information

5. Asks further questions about the business operation.

#### **Section 6 - Checklist**

6. 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.
7. Please note you must copy your application to the local police and fire officer at the same time you make the application. Their contact addresses are given below.

Police – Licensing Office, Southwark Police Station, 323 Borough High Street, SE1 2ER

Fire Officer – Fire Safety Regulation, 249-259 Lewisham High Street, SW13 6NH

#### **Section 7 - Declaration**

8. The application must be signed by the applicant or authorised representative. In the case of an application made on behalf of a partnership or company the application must be signed by the company secretary or an authorised representative.