

17/01/2021

Application to vary an existing special treatments establishment licence

Ref No. 1602281

Do you want to add a new treatment?

	If you wish to add a new treatment not currently on your licence, select £109
	No

How many beauticians do you want to add?

	If you wish to add a new beautician not currently on your licence, select from the options below
(+£28 per beautician)	1
PricePerBeauticians	2800

Full name(s)

	xue mei phung
--	---------------

Premises contact number

	07478955665
--	-------------

Mobile contact number

--	--

E-mail address

	888nailsLtd@gmail.com
--	-----------------------

SECTION 1 – THE LICENCE TO BE VARIED

Current licence number	859684
Name of licence holder	xue mei phung
Licensed premises trading name	888 nails

Address of licensed trading premises

Address Line 1	157 CAMBERWELL ROAD
Address Line 2	
Town	LONDON
County	
Post code	SE5 0HB

SECTION 2 – SUMMARY OF THE VARIATION

Change in treatments being offered (see section 3)	No
Change in operatives providing treatments (see section 4)	Yes
Change in licensed area (see section 5)	No
Other (please summarise) (see Section 6)	

SECTION THREE – CHANGE IN TREATMENTS TO BE OFFERED

	Please indicate each of the additional treatments to be offered under the licence by placing a tick or cross next to the treatment
ACUPUNCTURE	
COSMETIC PIERCING	
ELECTRIC	
LIGHT	
MANICURE / PEDICURE	
MASSAGE	
TATTOOING	
WATER / VAPOUR / BATHS	

Other treatments intended to be provided that are not included in the list on the previous page

Please list any licensable treatments currently offered at the premises that are to be removed from the licence	

Application to vary an existing special treatments establishment licence

Name of operative	Quang Tuan Ngo
Treatment to be provided (see list on note4)	Nail extension
Relevant qualification	VTCT - unit reference: L/600/9099 - Unit title: Apply and maintain nail enhancements to create a natural finish - level 2 VTCT (ITEC) Level 2 Award in Infection Prevention (COVID-19) for Beauty Therapy and Nail services.

Do you have a file/attachment of their qualification ?

Qualifications	_____
----------------	-------

Do you have a file/attachment of their photo ID ?

Photo ID	_____
Passport Photograph -1	_____
Passport Photograph -2	_____

If you are providing tattooing, please provide your hepatitis B certificate

Please upload	_____
---------------	-------

SECTION 5 – CHANGE IN LICENSED AREA

Please provide details of proposed new licensed area(s).	
--	--

SECTION 6 – OTHER VARIATION OF TERMS, CONDITIONS AND RESTRICTIONS

Please detail in box provided below	
-------------------------------------	--

SECTION 7 – UPDATE OF DETAILS

If any other details provided by you at the time of your last application have changed please update them in box provided	
---	--

SECTION 8 - CHECKLIST

Copy of application provided to the police?	No
Copy of application provided to the fire officer?	No
If applicable, upload new floor plan	
If applicable, upload valid electrical certificate	
If applicable, upload valid emergency lighting certificate	

I / we hereby declare that the particulars given below are true to the best of my / our knowledge and belief.

	I agree
PaymentDescription	Application to vary an existing special treatments establishment licence
PaymentAmountInMinorUnits	
AuthCode	
LicenceReference	
Name	Xue Mei Phung
Position held	Director
Date	17/01/2021