



ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT
APPLICATION FOR ANNUAL LICENCE

I /We) hereby apply to the City of London Corporation, in pursuance of the provisions of Part IV of the London County Council (General Powers) Act, 1920 for a licence to carry on an Establishment for Massage or Special Treatment within the City of London.

N.B. – PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS:

<p><i>(The person(s) named here shall be e.g.-the Chairman, MD, CEO, Company Secretary or the individual owner(s) of the company)</i></p> <p>1. a) Full name & <u>private address</u> of applicant(s)</p> <p>b) Date of Birth and Height:-</p> <p>c) Town and Country of Birth:-</p> <p><i>(If a naturalised British subject, state date of naturalisation)</i></p>	<p>1st person.</p> <p>a)</p> <p>b) D.O.B: Height:</p> <p>c) Town & Country of birth:</p> <p>2nd person.</p> <p>a)</p> <p>b) D.O.B: Height:</p> <p>c) Town & Country of birth:</p>
<p>2. State the trading name and address of premises requiring a licence:-</p> <p align="center">Contact Telephone Number:- <i>(See note A on reverse)</i></p>	<p>2.</p> <p>Telephone No:</p>
<p>3. If the application is made by a company, society, association or body state:-</p> <p>(a) Full name and private address of the manager responsible for the operation of the premises/ establishment</p> <p>(b) Registered or principal office address:-</p>	<p>3.(a)</p> <p>(b)</p>
<p>4. List of treatments to be given, e.g. 1) Massage 2) Manicure 3) Chiropody 4) Electrical treatment 5) Light, vapour or other baths 6) Exercises etc. <i>(See Note C on reverse). –</i></p> <p><i>(A treatments price list shall be submitted with this application.)</i></p>	<p>4.</p>
<p>5. (a) Full particulars of applicants technical qualifications (if any)</p> <p>(b) State number of practitioners / therapists employed - <i>(Copies of practitioners / therapists certificates & qualifications to be submitted with this application)</i></p>	<p>5.(a)</p> <p>(b)</p>

