

LONDON BOROUGH OF EALING
RENEWAL APPLICATION FOR A MASSAGE
AND SPECIAL TREATMENT LICENCE

(1st April 2025 to 31st March 2026)

I/We hereby apply to the Council of the London Borough of Ealing, under the provisions of Part II of the London Local Authorities Act 1991 for a licence to carry on an Establishment for Massage or Special Treatment within the Borough.



SECTION 1: PREMISES TO BE LICENSED

Trading Name	
Address	
Telephone No	
Email	

SECTION 2: LICENCE HOLDER INFORMATION

Which business type is the proposed licence holder?	<input type="checkbox"/> Individual / Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company
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APPLICANT 1

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First Name	
Surname	
Date of Birth	
Residential Address	
Telephone No	
Email	

APPLICANT 2

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First Name	
Surname	
Date of Birth	

Residential Address	
Telephone No	
Email	
APPLICANT 3	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First Name	
Surname	
Date of Birth	
Residential Address	
Telephone No	
Email	
LIMITED COMPANY INFORMATION	
Limited Company Name	
Registered Number	
Registered Address	
CONTACT FOR COMMUNICATIONS	
Full Name	
Telephone No	
Email	
SECTION 3: SPECIAL TREATMENTS PROVIDED	
<input type="checkbox"/> MASSAGE	
<input type="checkbox"/> MANICURE	
<input type="checkbox"/> ARTIFICIAL NAIL STRUCTURES (ACRYLICS)	
<input type="checkbox"/> PEDICURE	
<input type="checkbox"/> CHIROPODY	
<input type="checkbox"/> INFRA RED	Number of beds:

<input type="checkbox"/> ULTRA VIOLET	Number of beds:
<input type="checkbox"/> SAUNA	Capacity:
<input type="checkbox"/> JACUZZI	
<input type="checkbox"/> ELECTROLYSIS / SCLEROTHERAPY	
<input type="checkbox"/> OSTEOPATHY	
<input type="checkbox"/> ULTRASONIC	
<input type="checkbox"/> VAPOUR OZONE	
<input type="checkbox"/> SKIN PIERCING	
<input type="checkbox"/> COSMETIC PIERCING	
<input type="checkbox"/> BODY PIERCING	
<input type="checkbox"/> ACUPUNCTURE	
<input type="checkbox"/> TATTOOING/TEMPTOOING	
<input type="checkbox"/> LASER/INTENSE PULSE LIGHT TREATMENTS	
<input type="checkbox"/> OTHER TREATMENTS (Please specify)	

SECTION 4: THERAPISTS PROVIDING TREATMENTS

THERAPIST 1

First Name	
Surname	
Date of Birth	
Qualifications	
Experience	
Responsibilities	

THERAPIST 2

First Name	
Surname	
Date of Birth	
Qualifications	

Experience		
Responsibilities		
THERAPIST 3		
First Name		
Surname		
Date of Birth		
Qualifications		
Experience		
Responsibilities		
THERAPIST 4		
First Name		
Surname		
Date of Birth		
Qualifications		
Experience		
Responsibilities		
THERAPIST 5		
First Name		
Surname		
Date of Birth		
Qualifications		
Experience		
Responsibilities		
SECTION 5: SELF-CERTIFICATION		
To be completed and signed by the licence applicant. Please tick the appropriate boxes or explain how you are working towards that standard.		
Item	Expected standard	Action plan if don't meet standard
Electrical Safety Certificate for all fixed wiring	<input type="checkbox"/> I have a current valid certificate	
Portable Appliance Test Certificate (PAT Test)	<input type="checkbox"/> I have a current valid certificate	

Commercial Waste Agreement	<input type="checkbox"/> I have a current valid agreement	
Employers Liability Insurance	<input type="checkbox"/> I have a policy that covers this	
Public Liability Insurance	<input type="checkbox"/> I have a policy that covers this	
Training Qualifications for staff administering licensable special treatments are displayed	<input type="checkbox"/> The certificates are displayed on the wall in the premise where clients can read them	
Clinical Waste Agreement (sharps)	<input type="checkbox"/> I have a current valid agreement (if required)	
Sunbed Inspection Report	<input type="checkbox"/> I have a current valid report (if required)	

SECTION 6: DECLARATION

I hereby certify that to the best of my knowledge and belief the information I have provided is correct and true in every respect. I confirm that I have read the Massage and Special Treatment (MST) standard conditions supplied by the London Borough of Ealing, provided any required documentation and fees, and agree to abide by the MST standard conditions should the licence be granted.

SIGNATURE 1

Full Name	
Signature	
Date	

SIGNATURE 2 (IF APPLICABLE)

Full Name	
Signature	
Date	

SIGNATURE 3 (IF APPLICABLE)

Full Name	
Signature	
Date	

LICENCE FEE:

All licences expire on 31 March in each year (irrespective of date of issue). The fee for the grant of licences for the whole or part of a year is provided on the renewal reminder email and can be found on our website.

NOTES

- (1) The application must be signed by the responsible person or persons proposing to carry on the establishment. In the case of a limited liability company, the Managing Director or Secretary should sign.
- (2) Carrying on an establishment for Massage or Special Treatment without a licence under the provisions of the London Local Authorities Act 1991 - Part II or otherwise than in accordance with the terms and conditions of such a licence or obtaining a licence by wilful misrepresentation or by wilfully omitting to give required particulars is an offence for which the maximum penalty is £2,500.
- (3) An establishment used by a person who is registered by a board under the Professions Supplementary to Medicine Act 1960 solely for the practice of the profession for which he is so registered is exempt from these licensing requirements.
- (4) Chiropractors, osteopaths, naturopaths or acupuncturists who are members of a duly constituted organisation requiring the observance of professional standards in their practice are also exempt from these licensing requirements.

If you need further clarification of points (3) and/or (4) please contact this Division either by post, or by calling on 020 8825 6655.

This form, when completed, is to be emailed to licensing@ealing.gov.uk or posted to London Borough of Ealing, Regulatory Services, Licensing Section, Perceval House, 14/16 Uxbridge Road, Ealing, London W5 2HL, together with the licence fee.