

PERSONAL DATA / 個人資料



Police Licensing Office

File No.: CP LIC P _____

Application for Transfer of a Massage Establishments Licence

PART I: DETAILS OF LICENCE TRANSFEROR

_____ *(name of transferor in English)*

_____ *(name in Chinese, if any)*

applies for **TRANSFER** of a massage establishments licence, which is to be expired by

_____ *(date)*

, to

_____ *(name of transferee in English)*

_____ *(name in Chinese, if any)*

Details of the massage establishment are as follows: -

English Name of Massage Establishment (if any): _____

Chinese Name of Massage Establishment (if any): _____

Address of Massage Establishment in English or in Chinese:

(exact address including floor, and flat / shop / unit number as appropriate) _____

REASON(S) FOR TRANSFER OF LICENCE
(Please provide relevant supporting document)

(i) Emigration

Please specify date / country (place) _____

(ii) Health Problem

- Full description of illness: _____

- Date you first learned of your illness: _____

- What medical treatment(s)/surgery(ies) have you sought/undergone: _____

(iii) Other Business Commitment

- Full details of the commitment: _____

- Start date of taking up the commitment: _____

- Estimated length of such commitment: _____

(iv) Other Reason (Please specify)

(6) Do you hold any licence at present, excluding driving licence? Yes / No

Licence Type	Licence No.	Permitted Operating Hours (if any)	Licence Expiry Date

(7) Have you previously held any licence, excluding driving licence? Yes / No

If “Yes”, please provide the licence details:

(8) Have you in the past five years held a licence or been the owner / a shareholder / a director of any massage establishment(s)? Yes / No

If “Yes”, please list out the actual position(s), duration and reasons for giving up such position(s):

Name of Premises	Address of Premises	Actual Post Held	Duration	Reason for Giving Up

(9) Do you have other business(es) to look after or still hold any position(s) in any other company(ies) Yes / No

If “Yes”, please give full details and explain how you consider such other commitment(s) will not affect your ability in adequately and personally managing the proposed establishment:

Ownership of the Massage Establishment

(10) You are: -

*the owner / a shareholder of the premises in which the massage establishment is situated / the principal tenant of such premises / a sub-tenant of such premises / a staff member of the principal tenant of such premises / a staff member of a sub-tenant of such premises / a staff member of the owner of such premises / a staff member of the shareholder of such premises.

- (11) Is there any change regarding the layout / name of shop sign / content of shop sign / permitted operating hours / extension of premises / business mode of the massage establishment?
Yes / No

If “Yes” and the change will be effective at the same time with the transfer of the massage establishments licence, you are also required to complete the Notification of Amendment of a Massage Establishments Licence and submit it together with this application.

- (12) Is there any change regarding the ownership or director of the massage establishment / uniform of masseuses or masseurs / company name holding the massage establishment / management structure? Yes / No

If “Yes” and the change will be effective at the same time with the transfer of the massage establishments licence, you are also required to complete the Notification of Amendment of a Massage Establishments Licence and submit it together with this application.

Role of the Applicant in the Massage Establishment

- (13) The post(s) you held / hold / will hold in the proposed establishment:

- (14) Duration of Your Stay in the Proposed Establishment:

From _____ hours to _____ hours (time); and

also from _____ hours to _____ hours (time), if more than one stay.

- (15) On which day will you take your weekly leave? _____

- (16) Will you personally interview and select prospective employees?

Yes / No

If “No”, who will do this?

(name)

(post)

- (17) You are —

- (a) the owner of the premises in which the massage establishment will be situated;
- (b) the principal tenant of such premises; or
- (c) a sub-tenant of such premises.

(18) If you are not the owner of such premises, you are required to supply the owner's name and address, and details of any agent through whom the owner may be contacted—

- (a) Name of owner : _____
Address : _____
- (b) Name of agent of owner : _____
Address : _____

(19) The massage establishment will be owned by —

- (a) you;
- (b) another individual;
- (c) a partnership; or
- (d) a body corporate.

(20) If the massage establishment is to be owned by another individual you are required to supply his/her personal particulars:

Name (in English and in Chinese)	Chinese Commercial Code	Identity Card No.	Residential Address	Business Address	Telephone No.

(21) If the massage establishment is to be owned by a partnership you are required to supply personal particulars of partner(s):

(a) Partnership Formation Date:

(b) Personal Particulars of Partners:

Name (in English and in Chinese)	Identity Card No.	Date of Birth	Residential Address	Telephone No.

(22) If the massage establishment is to be owned by a body corporate you are required to supply details of body corporate

- (a) Company Name: _____
- (b) Address of Registered Office: _____
- (c) Date of Incorporation: _____
- (d) Place of Incorporation: _____
- (e) Personal Particulars of Directors:

Name (in English and in Chinese)	Identity Card No.	Date of Birth	Residential Address	Telephone No.

(23) If any person is to be employed as a manager, an assistant manager or in any way assist you in the management of the massage establishment you are required to provide his/her personal particulars:

Name (in English and in Chinese)	Identity Card No.	Date of Birth	Residential Address	Telephone No.	Nature of Employment	Duration of Stay in the Premises (From hours (HH:MM) to hours (HH:MM))

(24) Have you ever been convicted in Hong Kong or elsewhere for any offence (except a traffic offence for which you were fined HK\$1,000 or its equivalent in other currencies or less and did not suffer the loss of your driving licence)? Yes / No

If “Yes”, please provide details:

Date of Hearing	The Offence	Penalty Imposed (if any)	Court which Tried the Offence

Note:

The provisions in section 2 of the Rehabilitation of Offenders Ordinance (Chapter 297) do not by reason of section 4 of that Ordinance apply to proceedings related to a person’s suitability to be granted or to continue to hold a licence. No conviction will be regarded as “spent” and details of all convictions must therefore be included.

Declaration:

I hereby authorise the Commissioner of Police, or his/her representative, to release my personal particulars, which may include the criminal convictions recorded against me, to the relevant police units for assessment of the application.

Signature of Licence Transferee : _____

Name in BLOCK Letters : _____

Hong Kong Identity Card Number : _____

Date : _____

Required Documents for Application for Transfer of a Massage Establishments Licence

1. Signed copy of the identity document of the applicant (licence transferee)
Only copy of the photo-bearing side of the identity document should be provided and the licence transferee should sign next to the copy.
2. Copy of the proof of entitlement to take up employment in Hong Kong (applicable to Hong Kong non-permanent residents)
3. Copy of the official letter of appointment for the applicant (licence transferee) to be the licensee of the massage establishment (if the licence transferee is not the owner/a partner/a shareholder of the massage establishment)
4. Copy of other valid licences held by the applicant (licence transferee) (if any)
5. Copy of the new tenancy agreement (if any)
6. Letter of agreement for the transfer of licence signed by the licence transferor
7. Two recent passport size photographs of the applicant (licence transferee)

Note: Applicant has to submit two recent passport size photographs of the licence transferee in person or by mail (Address: Police Licensing Office, Hong Kong Police Force, 12/F, Arsenal House, Police Headquarters, 1 Arsenal Street, Wan Chai, Hong Kong).

APPLICATION FOR A MASSAGE ESTABLISHMENT LICENCE

申請按摩院牌照

PROVISION OF PERSONAL DATA

提供個人資料

Purpose of Collection 收集資料的目的

- (1) The personal data provided by means of this form will be used by the Hong Kong Police Force for facilitating processing of applications/record purpose/record update/all kinds of present and subsequent investigations and related licensing conditions as well as the enforcement for Massage Establishment Licence under the Massage Establishment Ordinance, Cap. 266.
香港警務處會把申請表上填報的個人資料，作下列用途：辦理申請人根據《按摩院條例》(第 266 章) 而提出的按摩院牌照申請/記錄存檔/更新記錄/現階段及日後的一切調查工作，以及處理有關的發牌條件和執法工作。
- (2) The provision of personal data by means of this form is voluntary. If you do not provide sufficient information, we may not be able to process your applications/update your record.
在本表格上提供個人資料，純屬自願性質。若資料不足，本處可能無法辦理你的申請/更新你的記錄。
- (3) Any material falsification or omission of information may result in the Commissioner 's refusal to give approval.
若虛報或漏報重要資料，警務處處長可拒絕有關申請。

Classes of Transferees 獲轉授資料的機構的類別

- (4) The personal data you provide by means of this form may be disclosed to other government departments and public or private organizations for the purposes mentioned in the above paragraphs.
本處可能會向其他部門及公營或私營機構披露表格上填報的個人資料，以作上文所載的用途。

Access to Personal Data 查閱個人資料

- (5) You have a right of access and correction with respect to personal data as provided for in section 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access included the right to obtain a copy of your personal data provided by this form.
根據《個人資料(私隱)條例》第十八及第二十二條和附表一的第六原則，你有權查閱和更正個人資料，包括有權索取表格上填報的個人資料副本乙份。

Enquiries 查詢

- (6) Enquiries concerning the personal data collected by means of this form, including the making of access and corrections, should be addressed to:
如對本表格所收集的個人資料有任何疑問，包括申請查閱和更正資料，請向下列人員查詢：

Executive Officer (Licensing)
Licensing Office
Hong Kong Police Force
12-13/F, Arsenal House
Police Headquarters,
1 Arsenal Street,
Wan Chai
Hong Kong
Tel: 2860 2973

香港灣仔
軍器廠街一號
警察總部
警政大樓十二及十三樓
香港警務處牌照課
行政主任(牌照)
電話: 2860 2973