

# PERSONAL DATA / 個人資料



**Police Licensing Office**

**File No. :** CP LIC P\_\_\_\_\_

## **Notification for Amendment of a Massage Establishment Licence under Massage Establishments Ordinance (Chapter 266)**

To : The Commissioner of Police

I \_\_\_\_\_  
(name of \* licensee / licence transferee) (English) \_\_\_\_\_  
(name in Chinese, if any)

hereby notify for **AMENDMENT** of \_\_\_\_\_

\_\_\_\_\_  
( please specify the proposed amendment )

in respect of a licensed massage establishment which is: -

Name of Massage Establishment in English if any: \_\_\_\_\_

\_\_\_\_\_

Name of Massage Establishment in Chinese if any: \_\_\_\_\_

\_\_\_\_\_

Address of the Massage Establishment in English: \_\_\_\_\_  
(exact address including floor, and flat / shop / unit number as appropriate.)

\_\_\_\_\_

Address of the Massage Establishment in Chinese: \_\_\_\_\_  
(exact address including floor, and flat / shop / unit number as appropriate.)

\_\_\_\_\_

*please  as appropriate*

*\*please delete as appropriate*

**Reason for Amendment :**

(1)  **Amendment to Layout:** \_\_\_\_\_

\_\_\_\_\_  
*(please give details and provide five copies of proposed floor plan which are drawn to scale and endorsed by an Authorized Person)*

(2)  **Amendment to Name of Massage Establishment :** \_\_\_\_\_

\_\_\_\_\_  
*(please give details and provide two copies of Business Registration Certificate and/or two copies of Certificate of Incorporation. Moreover, please also provide two copies of sketch of the proposed shop sign and if it is a sign board, also indicate the location where it will be erected for advertisement)*

(3)  **Amendment to Permitted Operating Hours:** \_\_\_\_\_

\_\_\_\_\_  
*(please give reasons and provide three copies of relevant supporting document, if any. Also please specify your new duty hours to stay at the massage premises , if any change. )*

(4)  **Extension of Premises :** \_\_\_\_\_

\_\_\_\_\_  
*(please give details and provide five copies of floor plan which are drawn to scale and endorsed by an Authorized Person; if planning permission is required, please also provide three copies of the Approval Letter given by Town Planning Board.)*

(5)  **Change of \*Ownership / Director of the Massage Establishment:**

*(please provide two copies of the relevant supporting document)*

(a) details of change: -

- change to \*licensee / licence transferee
- change to another individual
- change of partnership
- change to a body corporate
- change of director(s)

*please  as appropriate*

*\*please delete as appropriate*

(b) details of new \*ownership / director: -

- Another Individual**  
*(use blank sheet if insufficient space)*  
*(please provide two copies of the relevant supporting document)*

(i) Name in full: \* Mr. / Mrs. / Ms. \_\_\_\_\_  
*(English)*

\_\_\_\_\_ *(Chinese)*

(ii) \*Correspondence/Residential Address: \_\_\_\_\_  
 \_\_\_\_\_

- Partnership**  
*(please provide two copies of the relevant supporting document)*

(a) The date the partnership was formed \_\_\_\_\_

(b) Details of partners: -

Name (in English and in Chinese)	*Correspondence/Residential Address	Percentage of Shares

*(use blank sheet if space is insufficient)*

- Body Corporate**  
*(please provide two copies of the Certificate of the Incorporation, Memorandum & Articles of Association)*

(a) Company Name *(in English and in Chinese)* \_\_\_\_\_  
 \_\_\_\_\_

(b) Registered Office *(in English and in Chinese)* \_\_\_\_\_  
 \_\_\_\_\_

**Please  as appropriate**  
**\*please delete as appropriate**

(c) Date and place of incorporation \_\_\_\_\_

(d) Details of directors: -

Name (in English and in Chinese)	*Correspondence/Residential Address	Percentage of Shares

*(use blank sheet if space is insufficient)*

**Director**

*(please provide two copies of the relevant supporting document)*

Name (in English and in Chinese)	*Correspondence/Residential Address	Percentage of Shares

*(use blank sheet if space is insufficient)*

(6)  **Change of Mode of Business**

customer target groups change to: -

Male only

Female only

Both Male and Female

sex of staff providing massage services change to: -

Male (from approximate \_\_\_\_\_% change to \_\_\_\_\_% )

Female (from approximate \_\_\_\_\_% change to \_\_\_\_\_% )

**Please  as appropriate**

***\*please delete as appropriate***

- method of providing massage service change to: -  
(*you may tick more than one box as appropriate*)
  - male staff to female customers
  - male staff to male/female customers
  - female staff to male customers
  - female staff to male/female customers
  - blind or weak sight masseuse to female customers
  - blind or weak sight masseur to male/female customers
  - blind or weak sight masseuse to male customers
  - blind or weak sight masseuse to male/female customers
  - others: \_\_\_\_\_   
(*please specify*)

- message activity types change to: -  
(*you may tick more than one box as appropriate*)
  - Sauna
  - Spa
  - General Body Massage
  - Skin and Beauty Centre
  - Ladies Recreation
  - Massage Service for Members and Guest Only
  - Foot Massage
  - Acupressure
  - Facial Massage
  - Others : \_\_\_\_\_   
(*Please specify*)

**Please  as appropriate**  
**\*please delete as appropriate**

(7)  **Change of Masseuses / Masseurs Uniform**uniform change to: - *(please specify and provide 2 sets of photos of the intended change)*


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(8)  **Change of Company Name Holding the Massage Establishment: -**

company name change to (in English and in Chinese): -

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*(please provide two copies of Business Registration Certificate and/or two copies of Certificate of Incorporation)*

(9)  **Change of Management Structure: -**

Name (in English and in Chinese)	*Correspondence/Residential Address	Post

*(use blank sheet if space is insufficient)*(10)  **Other Amendment :** \_\_\_\_\_

*(please specify the amendment and provide relevant documentary proof, if any)*

Signature of Applicant : \_\_\_\_\_

Name in BLOCK Letters : \_\_\_\_\_

HKID Card Number : \_\_\_\_\_

Date : \_\_\_\_\_

*please  as appropriate**\*please delete as appropriate*

## **CHECK LIST FOR DOCUMENTS TO BE SUBMITTED FOR NOTIFICATION FOR AMENDMENT OF LAYOUT etc.**

### **For Amendment of Layout**

- Five copies of revised layout plan which are drawn to suitable scale (1:50 or 1:100) with all the dimensions of the premises and the exit routes/doors marked thereon and proposed amendments highlighted and endorsed by an Authorized Persons showing: -
  - all internal partitions, screens, doors and the like and the materials used or intended to be used for their construction;
  - the construction material of any proposed partition walls;
  - the FRP of the proposed fire resisting partitions and doors;
  - the width of all exit doors for the massage establishment and each room of the massage establishment;
  - the plan should be coloured so as to clearly indicate the proposed amendments;
  - the use of each part and each room of the massage establishment;
  - the dimensions of each such part;
  - the locations of fire-fighting equipment;
  - the manner in which areas designed for massage treatment will be open to general view;
  - the exact locations of furniture;  
(for large and fixed furniture, also include dimension)
  - the exact positioning of all massage beds/ chairs and their three sides dimensions for fire escape;
  - the exact location of all light fittings in massage rooms;
  - a sketch of the massage room door with size and pattern of the door window;  
and
  - the number of all massage rooms.

#### *Note:*

- *each copy of floor plan must be signed by the applicant certifying that it is a true copy of the floor plan; and*
- *each copy of floor plan must bear full details of such Authorized Person who should endorse on each copy.*

*please  as appropriate*

## For Amendment of Extension of Massage Establishment

- Five copies of layout plan including the existing portion which are drawn to scale (1:50 or 1:100) with all dimension of the premises and the exit routes/doors marked thereon and proposed amendments highlighted and endorsed by an Authorized Person showing: -
  - all internal partitions, screens, doors and the like and the materials used or intended to be used for their construction;
  - the construction material of any proposed partition walls;
  - the FRP of the proposed fire resisting partitions and doors;
  - the width of the all exit doors for the massage establishment and each room of the massage establishment;
  - the plan should be coloured so as to clearly indicate the proposed amendments;
  - the use of each part and each room of the massage establishment;
  - the dimensions of each such part;
  - the locations of fire-fighting equipment;
  - the manner in which areas designed for massage treatment will be open to general view;
  - the exact locations of furniture;  
(for large and fixed furniture, also include dimension)
  - the exact positioning of all massage beds/chairs and their three sides dimensions for fire escape;
  - the exact location of all light fittings in massage rooms;
  - a sketch of the massage room door with size and pattern of the door window; and
  - the number of all massage rooms.

*Note:*

- *each copy of floor plan must be signed by the applicant certifying that it is a true copy of the floor plan; and*
  - *each copy of floor plan must bear full details of such Authorized Person who should endorse on each copy.*
- Two copies of Tenancy Agreement (New Part), if any.
  - Three copies of Approval Letter from the Town Planning Board in respect of planning permission for the new portion.

*please  as appropriate*



### **For Amendment of Name of Massage Establishment**

- Two copies of a sketch of the sign which will be erected to advertise the massage establishment. The sketch must indicate the wording, size and materials to be used in respect of the sign. If the sign is to be illuminated, the applicant is required to indicate the method of illumination.

*Note: Each copy must be signed by the applicant certifying that it is a true copy of the sign.*

- Two copies of a sketch showing the location of the sign which will be erected to advertise the massage establishment.

*Note: Each copy must be signed by the applicant certifying that it is a true copy of the sketch.*

### **For Amendment of Others**

- Two copies of the relevant documentary proof.

### **Numbers of Notification to be submitted:**

- five copies for Amendment to Layout
- two copies for Amendment to Name of Massage Establishment
- three copies for amendment to Permitted Operating Hours
- five copies for Extension of Premises
- two copies for Change of Ownership / Director of the Massage Establishment, including individual, partnership, body corporate, director etc.
- two copies for Change of Mode of Business
- two copies for Change of Masseuses / Masseurs Uniform
- two copies for Change of Company Name
- two copies for Change of Management Structure
- two copies for other amendment

*please  as appropriate*