

PERSONAL DATA — 個人資料



SCHEDULE 1 附表 1

[regs. 2, 3 & 5]
[第 2、3 及 5 條]

Form 1 表格 1

[reg. 2]
[第 2 條]

Application No.
申請書編號

Massage Establishments Ordinance 按摩院條例

(Chapter 266)
(第 266 章)

MESSAGE ESTABLISHMENTS REGULATIONS 按摩院規例

To the Commissioner of Police
致：警務處處長

APPLICATION FOR THE ISSUE/RENEWAL OF A MESSAGE ESTABLISHMENTS LICENCE 申請發給按摩院牌照/按摩院牌照續期

I hereby apply for a licence to
本人 現申請在
operate a massage establishment at
經營按摩院的牌照。

In support of my application I submit the following information and particulars—
本人謹呈交下列資料及詳情，以支持本人的申請——

Part I 第 I 部

PERSONAL DETAILS OF APPLICANT 申請人的個人詳細資料

1. Name (in English and in Chinese)
姓名(英文及中文)
.....
2. Identity Card No. (C.C.C. No.)
身分證號碼 (中文商用電碼)
3. Residential address
住址
..... (Telephone No.)
(電話號碼)

4. Business address
商業地址
..... (Telephone No.)
(電話號碼)
5. Date and place of birth
出生日期及地點
6. Nationality
國籍

Note : If you are not a Hong Kong permanent resident, you are required to attach proof of entitlement to take up employment in Hong Kong.
注意 : 如申請人並非香港永久性居民, 則須隨附有權在香港受僱的證明。

7. Indicate by deleting as necessary whether you are literate in—
請刪去不適用者, 以說明申請人所通曉的語言——
- (a) the Chinese language only;
只通曉中文;
- (b) the English language only; or
只通曉英文; 或
- (c) both the Chinese language and the English language.
通曉中文及英文兩種語言。

BUSINESS DETAILS
業務詳細資料

8. Name (in English and in Chinese) of the proposed massage establishment
擬開設的按摩院名稱(英文及中文)
.....
9. Address of the proposed massage establishment (including floor, and flat/shop/unit number as appropriate)
擬開設的按摩院地址(包括層數以及座/店舖/單位號數, 視何者適用而定)
.....
.....
10. Indicate by deleting as necessary whether the proposed massage establishment will be in premises that are—
請刪去不適用者, 以說明擬開設的按摩院所在的處所是——
- (a) a wholly commercial building;
一幢全商業建築物;
- (b) a wholly residential building; or
一幢全住宅建築物; 或
- (c) a mixed commercial and residential building.
一幢商住兩用建築物。
11. If the premises is a mixed commercial and residential building is there direct access from the commercial to the residential area?
如該處所是一幢商住兩用建築物, 供商業用的地方是否可直接通往供宅用的地方?
YES/NO
是/否
12. Indicate by deleting as necessary whether you are—
請刪去不適用者, 以說明申請人是擬開設按摩院所在的處所的——
- (a) the owner of the premises in which the massage establishment will be situated;
擁有人;
- (b) the principal tenant of such premises; or
主租客; 或
- (c) a sub-tenant of such premises.
分租客。

13. 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—

如申請人並非該處所的擁有人，則須提供擁有人的姓名或名稱及地址，以及可藉以與擁有人聯絡的代理人的詳細資料——

(a) Name of owner (in English and in Chinese)
擁有人姓名或名稱(英文及中文)

Address
地址

(b) Name of agent of owner (in English and in Chinese)
擁有人的代理人姓名或名稱(英文及中文)

Address
地址

14. Indicate by deleting as necessary whether the massage establishment will be owned by—

請刪去不適用者，以說明該按摩院將由何人擁有——

(a) you;
申請人；

(b) another individual;
另一個別人土；

(c) a partnership; or
合夥；或

(d) a body corporate.
法人團體。

15. If the massage establishment is to be owned by another individual you are required in respect of that individual, to supply name in English and in Chinese, CCCs if applicable, Hong Kong Identity Card number, residential and business addresses and telephone numbers—

如該按摩院將由另一個別人土擁有，申請人須提供該個別人土的中英文姓名、中文商用電碼(如適用的話)、香港身分證號碼、住址、商業地址、住宅電話號碼及商業電話號碼——

.....
.....
.....
.....

16. If the massage establishment is to be owned by a partnership you are required to state—

如該按摩院將由任何合夥擁有，則申請人須述明——

(a) The date the partnership was formed
該合夥成立的日期

(b) Details of partners:
各合夥人的詳細資料:

	Name (in English and in Chinese) 姓名 (英文及中文)	Identity Card No. 身分證號碼	Date of birth 出生日期	Residential address and contact telephone number 住址及聯絡電話號碼
(1)
(2)
(3)
(4)

17. If the massage establishment is to be owned by a body corporate you are required to state—
如該按摩院將由法人團體擁有，則申請人須述明——

- (a) Company name
公司名稱
- (b) Registered office
註冊辦事處地址
- (c) Date and place of incorporation
成立為法團的日期及地點
- (d) Details of directors:
各董事的詳細資料:

Name (in English and in Chinese) 姓名 (英文及中文)	Identity Card No. 身分證號碼	Date of Birth 出生日期	Residential address and contact telephone number 住址及聯絡電話號碼
(1)
(2)
(3)
(4)

18. In respect of each bank at which an account is maintained or is intended to be maintained in connection with the operation of the massage establishment you are required to state—
凡在銀行就該按摩院的經營而已開設或擬開設帳戶者，申請人須就每一有關銀行述明——

Name and address of bank 銀行名稱及地址	Account No. 帳戶號碼	Date Account opened 開戶日期
(1)
(2)
(3)
(4)

19. If any person is to be employed as a manager, assistant manager or in any way assist you in the management of the massage establishment you are required to provide—
如僱用任何人為經理、助理經理、或不論以任何方式協助申請人管理該按摩院，則申請人須提供該等人士的下述資料——

Name (in English and in Chinese) 姓名 (英文及中文)	Identity Card No. 身分證號碼	Date of Birth 出生日期	Residential address and contact telephone number 住址及聯絡電話號碼	Nature of employment 受任性質
(1)
(2)
(3)
(4)

OTHER INFORMATION

其他資料

20. (a) Have you ever previously applied for a massage establishment licence? YES/NO
申請人以前是否曾經申請按摩院牌照? 是/否

(b) If “Yes” state—
如“是”請述明——

(i) Date of application
申請日期

(ii) Name and address of the premises in respect of which application was made
申請作按摩院用途的處所名稱及地址

.....
.....
.....

(iii) Whether the application was successful? YES/NO
申請是否獲批准? 是/否

21. (a) Have you ever been convicted in Hong Kong or elsewhere for any offence (except a traffic offence for which you were fined \$1,000 HK Dollars or its equivalent in other currencies or less and did not suffer the loss of your driving licence)? YES/NO
申請人是否曾經在香港或其他地方就任何罪行被定罪(但不包括犯交通罪行而處以罰款港幣\$1,000 或相等的其他貨幣或少於此數，且沒有被吊銷駕駛執照者)? 是/否

(b) If “Yes” state—
如“是”請述明——

Date of hearing 聆訊日期	The Offence 罪行	Penalty (if any) imposed 所施加的刑罰 (如有的話)	Court which tried the offence 審理該罪行的 法庭
(1)
(2)
(3)
(4)

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.

注意 : 《罪犯自新條例》(第 297 章)第 2 條的條文，並不因該條例第 4 條而適用於與任何人是否適宜獲批給牌照或繼續持有牌照有關的法律程序。所有定罪均不會視為‘已失時效’，故所有定罪的詳細資料均須填報。

Part II
第 II 部

DOCUMENTS TO BE SUBMITTED BY APPLICANT

申請人須呈交的文件

22. You are required to submit, together with this application, the following documents—

申請人須連同本申請書一併呈交下列文件——

- (a) 2 recent passport size photographs of yourself;
申請人護照尺寸的近照 2 張;
- (b) a copy of the Occupation Permit issued by the Building Authority in respect of the premises where the proposed massage establishment will be situated;
建築事務監督就擬開設的按摩院所在的處所而簽發的佔用許可證副本;
- (c) 3 copies of a floor plan of the proposed massage establishment showing—
擬開設的按摩院的樓面平面圖副本 3 份，該圖則須顯示——
 - (i) all internal partitions, screens, doors and the like and the materials used or intended to be used for their construction;
所有室內間隔、圍屏、門等設備，以及用於或擬用於該等設備的建築材料;
 - (ii) to what use each part of the massage establishment will be put;
按摩院各部分將作何用途;
 - (iii) the dimensions of each such part;
按摩院各部分的尺寸;
 - (iv) the locations of fire-fighting equipment; and
滅火設備的位置; 及
 - (v) the manner in which areas that are to be designated for massage treatment will be open to general view;
指定作按摩用途的地方公開給一般人見到的方式。

Note: (1) Each copy must be signed by you certifying that it is a true copy of the floor plan.

注意： 每份副本須由申請人簽署，以核證其為樓面平面圖的真實副本。

(2) In the case of—

如屬——

(a) new applications; and

新申請; 及

(b) applications for renewal which involve structural alterations to the premises,

續牌申請而涉及處所的結構更改，

you are also required under the Buildings Ordinance (Chapter 123) to submit plans through an ‘authorized person’ to the Building Authority for approval.

則根據《建築物條例》(第 123 章)的規定，申請人亦須將圖則經由一名‘認可人士’而呈交建築事務監督批准。

- (d) 3 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 you are required to indicate the method of illumination;
將會豎立的按摩院廣告招牌的草圖則本 3 份。該草圖須說明該招牌的用字、尺寸及所用材料。該招牌如有照明，申請人須說明照明的方法;

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

注意： 每份副本須由申請人簽署，以核證其為該招牌草圖的真實副本。

- (e) 3 copies of a sketch showing the location of the sign referred to in (d);

顯示(d) 所提及的招牌的位置的草圖副本 3 份;

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

注意： 每份副本須由申請人簽署，以核證其為該招牌草圖的真實副本。

- (f) if the massage establishment is to be owned by a partnership, a copy of the partnership agreement and business registration certificate of that partnership; and

如該按摩院將由任何合夥擁有，則該合夥的合夥協議及商業登記證副本; 及

- (g) if the massage establishment is to be owned by a body corporate, a copy of the Certificate of Incorporation issued by the Registrar of Companies.

如該按摩院將由任何法人團體擁有，則由公司註冊處處長所簽發的公司註冊證書副本。

I DECLARE that the information and particulars submitted by me in support of this application are, to the best of my knowledge and belief, both true and correct. I have read the Massage Establishments Ordinance (Chapter 266) and the Massage Establishments Regulations made thereunder. I understand that section 13(3) of the Ordinance provides that any person who makes any false or misleading statement or furnishes any false or misleading information in connection with any application for the issue or renewal of a licence commits an offence and shall be liable to a fine of \$50,000 and to imprisonment for 6 months.

本人謹聲明，本人為支持此申請而提交的資料及詳情，盡本人所知所信，乃屬真實無誤。本人已閱讀《按摩院條例》(第 266 章) 以及根據該條例訂立的《按摩院規例》。本人明白該條例第 13(3)條規定，任何人就發出牌照或牌照續期的任何申請而作出任何 虛假或有誤導性的陳述，或提供任何虛假或有誤導性的資料，即屬犯罪，可處罰款\$50,000 及監禁 6 個月。

Dated this _____ day of _____, 20____.
日期 : 20____年 月 日。

Signed

簽署

Applicant
申請人

To: Commissioner of Police

Application for a Massage Establishment Licence
- AUTHORIZATION -

I _____, hereby authorize the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to Police Licensing Office, and to obtain information and/or to inquire into any and all my personal data from any third party for the purpose of investigation into and/or enforcing any matters relating to my licence.

My personal particulars are as follows: -

Name : _____
Date of Birth : _____
HK Identity Card No. : _____ ()
Passport No. : _____
Chinese Commercial Code Nos. : _____ / _____ / _____
Place of Birth : _____

Signature : _____

Date : _____

致：警務處處長

申請按摩院牌照
- 授權書 -

本人 _____ 現授權警務處處長，或其代表，向警察牌照課發放任何及全部有關本人的刑事判罪紀錄的所有資料，以及向任何第三者索取及 / 或查詢任何及全部有關本人的資料，作為調查 / 或執行任何與本人的牌照有關的事宜之用。

本人的個人資料如下: -

姓名 : _____
出生日期 : _____
香港身分證編號 : _____ ()
中文商業電碼 : _____ / _____ / _____
出生地點 : _____

簽署 : _____

日期 : _____

Notes for Applicant

申請人須知

It is essential for the applicant to provide the written consent above to facilitate a full assessment of this application.

申請人必須填妥並簽署上述授權書，以便本處可全面評估有關申請。

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

PERSONAL DATA / 個人資料



Police Licensing Office

File No. : CP LIC P _____

Supplementary Information in respect of Application for New Issue of a Massage Establishment Licence under Massage Establishments Ordinance (Chapter 266)

(This Supplementary Information is to be submitted in five copies)

This supplementary information form is completed:-

by _____
(name of applicant in English) (name in Chinese, if any)

for applying a licence to operate a massage establishment which is: -

Name of Massage Establishment in English if any: _____

Name of Massage Establishment in Chinese if any: _____

** please delete as appropriate*

In support of my application I submit the following information and particulars: -

PART I: Particulars of the Applicant

(Please provide two copies of your Identity Document, if agreed)

- (1) *HK Permanent Resident ID Card Holder / HK Resident ID Card Holder
(If you are not a Hong Kong Permanent Resident, you are required to attach two copies of proof of entitlement to take up employment in Hong Kong.)

For Official Use Only

*Applicant refuses to provide photocopy of HKID Card? *YES / NO*

If "yes" states, particulars of HKID Card is checked by:

_____ *(name)*

_____ *(post)*

_____ *(signature & date)*

- (2) Other means of contact: _____
*(*Mobile/Pager)* *(Fax)*

- (3) (i) Languages/Dialects Spoken: -

Cantonese Putonghua English

Others: _____
(Please specify)

- (ii) Language preferred for future correspondence: -

English Chinese

- (4) Present Occupation: _____

- (5) Date of Employment of the Present Occupation: _____

** please delete as appropriate
please as appropriate*

(6) Give details of your employment in the past 5 years: -

From	To	Name of Company	Full Address of Working Place	Post

(use blank sheet if space is insufficient)

(7) What licence(s), excluding driving licence, do you hold at present? *YES / NO

(Please provide two copies of each valid licence)

Licence Type	Licence Number	Permitted Operating Hours (if any)	Licence Expiry Date

(use blank sheet if space is insufficient)

(8) What licence(s), excluding driving licence, have you held previously? * YES / NO

If “yes” states, please give details: -

(use blank sheet if space is insufficient)

(9) Have you in the past five years: -

(i) held a licence or been the owner / shareholder / director of any massage establishment(s)? * YES / NO

If “yes” states, 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

(use blank sheet if space is insufficient)

* please delete as appropriate

(10) Do you have any other business(es) to look after or still hold any position(s) in any other company(ies)? *YES / NO

If “yes” states, 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.

(use blank sheet if space is insufficient)

(11) Indicate by deleting whether you are: -

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

PART II : Role of Applicant in the Proposed Massage Establishment

(12) The post(s) you *have held / hold / will hold in the proposed establishment.

(13) The duration of your stay in the proposed establishment.

From _____ hours to _____ hours (time) ; and

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

(14) Which day will you take your weekly leave? _____

(15) (i) Will you personally interview and select prospective employees ? *YES / NO

(ii) If “No” states, who will do this ?

_____ (name) _____ (post)

(16) Who will be responsible for the management of the proposed establishment in your absence as the person-in-charge? *(use blank sheet if space is insufficient)*

(i) _____ (name) _____ (post) _____ (working time-from which hours to which hours)

(ii) _____ (name) _____ (post) _____ (working time-from which hours to which hours)

* please delete as appropriate

PART III : Business Details of the Proposed Establishment

(17) Proposed Business Operating Hours:

From _____ to _____

(18) Customer Target Groups :

Sex: Male only Female only

Both Male and Female

(19) Sex of staff providing massage services :

Male Female
(approximately %) (approximately %)

(20) Whether masseuses / masseurs are required to wear uniform ?

Yes Please specify and provide 2 sets of photos.

No Please state dress code for staff providing massage :

(21) Method of providing massage service:
(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 masseur 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)

* please delete as appropriate
please as appropriate

(22) Activity Type (*you may tick more than one box, as appropriate*):

- | | |
|--|--------------------------|
| Sauna | <input type="checkbox"/> |
| Spa | <input type="checkbox"/> |
| General Body Massage | <input type="checkbox"/> |
| Skin and Beauty Centre | <input type="checkbox"/> |
| Ladies Recreation | <input type="checkbox"/> |
| Massage Service for Members and Guest Only | <input type="checkbox"/> |
| Foot Massage | <input type="checkbox"/> |
| Acupressure | <input type="checkbox"/> |
| Facial Massage | <input type="checkbox"/> |

Others : _____
(Please specify)

Signature of Applicant : _____

Name in BLOCK Letters : _____

HKID Card Number : _____

Date : _____

**please delete as appropriate
please as appropriate*

CHECK LIST FOR DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM FOR NEW ISSUE OF A MESSAGE ESTABLISHMENT LICENCE

- Five copies of application form.
- Five copies of Supplementary Information Form.
- Two recent passport size photographs of the applicant.
- Two copies of HK ID Card (if applicant agrees to provide).
- Two copies of proof of entitlement to take up employment in Hong Kong.
(For Non Hong Kong Permanent Resident Identity Card Holder)
- Three copies of approval letter from the Town Planning Board in respect of planning permission.
- A copy of the Occupation Permit issued by the Building Authority in respect of the premises where the proposed massage establishment will be situated.
- Two copies of each other valid licences, except driving licence.
- Five copies of floor plan of the proposed massage establishment of which are drawn to suitable scale (1:50 or 1:100) with all the dimensions of the premises and the exit routes/doors marked clearly 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 all exit doors for the massage establishment and exit door for all rooms;
 - 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;
(also dimension for large and fixed furniture)
 - the exact positioning of all massage beds/chairs and their three sides dimensions for fire escape;
 - the number of all massage rooms;
 - the exact location of all light fittings in massage rooms; and
 - a sketch of the massage room door with size and pattern of the door window.

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

- Five 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.

- Five 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 sign.

- Two copies of Tenancy Agreement.

- Two copies of partnership agreement if the massage establishment is owned by a partnership.

- Two copies of Certificate of the Incorporation and two copies of Business Registration Certificate of the Corporation if the massage establishment is owned by a corporation.

- Two copies of Memorandum and Article of Association if the massage establishment is or will be owned by a limited company.

- Two copies of Business Registration Certificate of the massage establishment.

- Two copies of Certificate of Compliance issued by the Secretary for Home Affairs in accordance with the Clubs (Safety of Premises) Ordinance if the premises falls within the statutory ambit of clubs under the Clubs (Safety of Premises) Ordinance.

- Two copies of Hotel or Guesthouse Licence if the proposed premises is covered by such a licence.

- Two copies of Commercial Bathhouse Licence, if any, issued by the Food and Environmental Hygiene Department.

- Two copies of official letter of appointment for the applicant as the licensee of the massage establishment if the applicant is not one of the owners/partners/shareholders of the massage establishment.

- Two sets of staff uniform photographs, if any.

- Others: _____
(Please specify and provide two copies of each document)

please as appropriate