

**REQUEST FOR A REDUCED FEE FOR A SPECIAL TREATMENT LICENCE**

PART II OF THE LONDON LOCAL AUTHORITIES ACT 1991

**1.** **Type & Date of Application this ‘Reduced Fee Request’ Accompanies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Date** | **Type** | **Date** |
| Provisional Grant |  | Renewal |  |
| Grant |  | Variation - Confirmation of Provisional Licence |  |

**2. Applicant/Licence Holder**

|  |  |
| --- | --- |
|  | **INDVIDUAL/PARTNERSHIP** (If more than 2 Partners please provide this information for each additional Partner on a separate sheet) |
| **Title:** | Mr[ ]  Mrs[ ]  Miss[ ]  Ms[ ]  Other [ ]  (please state): | Mr[ ]  Mrs[ ]  Miss[ ]  Ms[ ]  Other [ ]  (please state): |
| **Surname:** |  |  |
| **Forenames:** |  |  |
| **Telephone No:**  |  |  |
|  | **LIMITED COMPANY** |
| **Name of Company** |  |
| **Telephone No:** |  |

**3. Premises**

|  |  |
| --- | --- |
| **Trading Name:**  |  |
| **Address:** | Post Code: |
| **Main use/purpose of premises:**  |  |
| **Licence No:** (if applicable) |  |

**4. Type ‘Category C’ Special Treatment**

|  |  |
| --- | --- |
| **Treatment:**  |  |
| (e.g. massage, manicure (includes false nails), pedicure, chiropody, vapour, sauna or other baths, ear piercing and tanning using UV light) – **Note: pedicure and manicure are two separate treatments and are not classed as a single Category C treatment.**  |

**5. Declaration**

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| **This declaration must be signed by the licence holder/applicant. In respect of Partnerships, any Partner can sign. The Company Secretary or any Director may sign on behalf of a Limited Company.**  |
| I confirm that the single ‘Category C’ special treatment is going to be, or is being, provided at the premises and that such provision is ancillary to the main purpose of the premises, which is as described in 3 above. Signed: Date:Print Name: |