

APPLICATION FOR THE GRANT OF A SPECIAL TREATMENT PREMISES LICENCE

PART II OF THE LONDON LOCAL AUTHORITIES ACT 1991

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

- i) Before completing this form please read the guidance notes at the end of the form; and
- ii) If you are completing this form by hand please write CLEARLY, in block capitals and using BLACK ink.
- iii) The application and all documents must be sent to: Licensing Partnership, P.O Box 182, Sevenoaks, Kent, TN13 1GP. Telephone: 01732 227004 or Email: licensing@sevenoaks.gov.uk

Section A - The Premises

1. Details of the premises at which special treatments are to be provided		
Trading Name:		
Address:		
Post Code:		
Telephone Number of Premises:	Premises Email:	
Is the primary use of the premises to provide 'Special Treatments'? (tick as appropriate)		
		Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, what is the primary use of the premises?		
Premises opening hours:	<u>Open</u>	<u>Close</u>
Monday	.....	.....
Tuesday	.....	.....
Wednesday	.....	.....
Thursday	.....	.....
Friday	.....	.....
Saturday	.....	.....
Sunday	.....	.....
Premises (business) web site address and/or social media details:		
Have the premises got planning consent to be used to provide 'Special Treatments'? tick as appropriate - see Note 2)		
		Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please give reason (e.g. not needed, in process of applying etc.)		

Section B - The Applicant

2. Who is making the application? (tick as appropriate)			
An individual	<input type="checkbox"/>	Partnership Go directly to question 4	<input type="checkbox"/>
		Limited Company Go directly to question 5	<input type="checkbox"/>
3. Individual			
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):		
Surname:			
Forenames:			
Home Address:			
Post Code:			
Home Telephone Number:		Personal Mobile Number:	
Email:			
Date of Birth:		Place of Birth (Town & Country e.g. Bexley, UK): Go directly to question 7	
4. Partnership (If more than 2 Partners please provide this information for each additional Partner on a separate sheet)			
Partner 1		Partner 2	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):
Surname:		Surname:	
Forenames:		Forenames:	
Home Address:		Home Address:	
Post Code:		Post Code:	
Home Telephone Number:		Home Telephone Number:	
Personal Mobile Number:		Personal Mobile Number:	
Email:		Email:	
Date of Birth:		Date of Birth:	
Place of Birth (Town & Country e.g. Bexley, UK):		Place of Birth (Town & Country e.g. Bexley, UK): Go directly to question 7	
5. Limited Company			
Name of Company:			
Registered Office Address:			
Post Code:			
Company Registration Number:			
Company Telephone Number:			
Company Email:			

6. Details of Company Secretary (if the Company has one) and all persons registered as a Director of Company (continue on a separate sheet if necessary)

SECRETARY

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Date of Birth:

Place of Birth(Town & Country e.g. Bexley, UK):

DIRECTOR A

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Date of Birth:

Place of Birth (Town & Country e.g. Bexley, UK):

DIRECTOR B

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Date of Birth:

Place of Birth(Town & Country e.g. Bexley, UK):

DIRECTOR CTitle: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Date of Birth:

Place of Birth (Town & Country e.g. Bexley, UK):

Section C - The Premises Manager**7. Person responsible for the day to day management of the Premises**

If the person named in this section as the 'Premises Manager' is not the applicant, then that person must complete the form entitled 'Premises Manager - Consent'. This form must accompany the application (see Note 4). In such instances the applicant must also be satisfied that the person named as the 'Premises Manager' is legally entitled to work in the UK (see note 10).

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Home Phone Number:

Personal Mobile Number:

Email:

National Insurance Number:

Date of Birth:

Place of Birth (Town & Country e.g. Bexley, UK) :

One identical passport size and quality photographs, taken within the last month, of the 'Premises Manager' must be provided - see Notes 5 and 11.

Section D – The Special Treatments

8. Detail all the 'Special Treatments' to be provided at the premises (The Council's guidance, 'A-Z of Special Treatments', lists the various treatments known to this Council and caught by the Act - see Note 6.)

Category A

Light (includes laser), **electric or other special treatment of a like kind**, but not electrolysis and tanning using UV light.

Category B

<p>Acupuncture, electrolysis, tattooing, (which includes semi-permanent make-up, micro-blading, micro-pigmentation and chemical tattoo removal) and cosmetic piercing, but not ear piercing.</p>	
<p>Category C Massage, Manicure – please also specify if you wish to include false/artificial nails), Chiropody (includes pedicure), Pedicure, Vapour, Sauna or other baths, Ear piercing, Tanning using UV light etc</p> <p>Note: If you are applying for facials, you must specify if this is using a steamer and/or massage, for example: <u>Facial – vapour using a steamer</u> <u>Facial – with massage</u> <u>Facial – Vapour using a steamer and massage</u></p>	
<p>9. Detail of any ‘Special Treatments’ provided on a communal basis (where customers have the same treatment at the same time), e.g. sauna (continue on a separate sheet if necessary)</p>	
<p>Special Treatment Type</p>	<p>Tick as appropriate</p> <p>Men only <input type="checkbox"/> Both Sexes mixed sessions <input type="checkbox"/></p> <p>Women only <input type="checkbox"/> Both Sexes separate sessions <input type="checkbox"/></p>
<p>Special Treatment Type</p>	<p>Tick as appropriate</p> <p>Men only <input type="checkbox"/> Both Sexes mixed sessions <input type="checkbox"/></p> <p>Women only <input type="checkbox"/> Both Sexes separate sessions <input type="checkbox"/></p>

Section E - Person(s) Providing the Special Treatments

10. Detail all person(s) who will provide ‘Special Treatments’ at the Premises, which includes the applicant and the person named in Section C, Question 7 of this application as the ‘Premises Manager’, if they are going to provide treatments (See Notes 8, 9 10 and 11.)

Please Note:

It will be a condition of any licence granted that any person providing ‘Special Treatments’ at the premises, or allowing them to be provided, is:

- suitably qualified, trained and/or experienced to do so; and
- legally entitled to work in the UK.

Given the above, and prior to completing this section, all applicants must read the:

- Council’s Acceptable Qualifications document and ensure that practitioners are suitably qualified before applying; and
- The Government’s guidance on ‘how to carry out right to work checks’ and ‘what documents you can accept’, both of which are on the website GOV.UK.

Shortcut to: <https://www.gov.uk/legal-right-work-uk>

PRACTITONER A

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):
Surname:	
Forenames:	

Home Address:	
Post Code:	
Telephone Number:	
Mobile Number:	
Email:	

National Insurance Number:	
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Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):
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Special Treatments to be provided:

One passport size and quality photograph, taken within the last month, of 'Practitioner A' must be provided with this application - see Note 11. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 9.

PRACTITONER B

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):
Surname:	
Forenames:	

Home Address:	
Post Code:	
Telephone Number:	
Mobile Number:	
Email:	

National Insurance Number:	
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Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):
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Special Treatments to be Provided:

One passport size and quality photograph, taken within the last month, of 'Practitioner B' must be provided with this application - see Note 11. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 9.

PRACTITONER C

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):
Surname:	
Forenames:	

Home Address:

Post Code:

Telephone Number:

Mobile Number:

Email:

National Insurance Number:

Date of Birth:	Place of Birth(Town & Country e.g. Bexley, UK):
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Special Treatments to be Provided:

One passport size and quality photograph, taken within the last month, of 'Practitioner C' must be provided with this application - see Note 11. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 9.

PRACTITONER D

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):
Surname:	
Forenames:	

Home Address:

Post Code:

Telephone Number:

Mobile Number:

Email:

National Insurance Number:

Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):
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Special Treatments to be Provided:

One passport size and quality photograph, taken within the last month, of 'Practitioner D' must be provided with this application - see Note 11. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 9.

PRACTITONER E

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):
Surname:	

Forenames:			
Home Address:			
Post Code:			
Telephone Number:			
Mobile Number:			
Email:			
National Insurance Number:			
Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):		
Special Treatments to be Provided:			
<p>One passport size and quality photograph, taken within the last month, of 'Practitioner E' must be provided with this application - see Note 11. Also, colour copies of all qualifications for the licensable special treatments to be provided – see Note 9.</p>			

Section F – Local Authority Issued Licences /Registrations

11. Does the applicant currently hold any 'Special Treatment' licences/registrations issued by local authorities other than Bexley?											
<input type="checkbox"/>	<input type="checkbox"/>										
<table border="1" style="width: 100%;"> <tr> <td>Licence/Registration Number:</td> <td>Expiry Date:</td> </tr> <tr> <td colspan="2">Name & Address (including postcode) of licensed/registered premises:</td> </tr> <tr> <td colspan="2">Name of issuing Local Authority:</td> </tr> <tr> <td>Licence/Registration Number:</td> <td>Expiry Date:</td> </tr> <tr> <td colspan="2">Name & Address (including postcode) of licensed/registered premises:</td> </tr> </table>		Licence/Registration Number:	Expiry Date:	Name & Address (including postcode) of licensed/registered premises:		Name of issuing Local Authority:		Licence/Registration Number:	Expiry Date:	Name & Address (including postcode) of licensed/registered premises:	
Licence/Registration Number:	Expiry Date:										
Name & Address (including postcode) of licensed/registered premises:											
Name of issuing Local Authority:											
Licence/Registration Number:	Expiry Date:										
Name & Address (including postcode) of licensed/registered premises:											
<i>Continue on a separate sheet if necessary</i>											
12. Has the applicant ever had a Special Treatment' licence/registration revoked?											
<input type="checkbox"/>	<input type="checkbox"/>										

Reason:	
Continue on a separate sheet if necessary	
13. Has the applicant ever had an application for a 'Special Treatment' licence/registration refused?	
Tick as appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date refused:
Name of the Local Authority that refused the application:	
Reason:	
Continue on a separate sheet if necessary	
14. Has the applicant previously held any 'Special Treatment' licences issued by Bexley?	
Tick as appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the information requested below:
Licence Number:	
Expiry Date:	
Name & Address (including postcode) of previously licensed premises:	

Section G - Convictions

15. Has 'any person' named in this application been convicted, within the last five years, of an offence under Part II of the London Local Authorities Act 1991?
<u>Please note:</u> 'Any person' means the applicant; or in respect an application made by a Partnership, each Partner; or in respect of an application made by a Company, the Company Secretary and each Director. It also includes the individual named in Section C, Question 7 of this application as the 'Premises Manager'.
Tick as appropriate Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the name of each person convicted, the offence for which they were convicted, the date of the conviction, the sentence imposed and the name and the location of the convicting court:
<ul style="list-style-type: none"> An up to date Pat Testing Certificate, if applicable. (unless signed declaration that equipment is under one year old and has been purchased from a reputable supplier).

Section H – Gas and Electrical Installations

16. Does the premises have gas and electrical certificates
Are the premises provided with Gas? Tick as appropriate Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, you are required to provide a copy of gas safety certificate with your application
Do the premises have an up to date Pat Testing Certificate? Tick as appropriate Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, you are required to provide a copy of the pat testing certificate with your application, if no, then

the equipment must be under one year old and have been purchased from a reputable supplier – proof will be required instead of the pat testing certificate.

Section I - Required Documentation

17. The documentation set out below must accompany this application.	Tick to confirm provided
<ul style="list-style-type: none">● Colour Copies of all qualifications for all licensable activities for all practitioners listed in section 10 of this form.● Gas Safety Certificate, if applicable.● A current Electrical Installation Condition Report.● An up to date Pat Testing Certificate, if applicable.● One identical passport size and quality photograph, taken within the last month, of the person named in the application as the ‘Premises Manager’ and their name printed on the back of it.● Consent of the person named in the application as the ‘Premises Manager’ (not required if this person is the applicant applying as an individual).● One identical passport size and quality photograph taken within the last month, of all persons named in the application as providing ‘Special Treatments’ and their name printed on the back of it.● The correct fee.● If a reduced fee is being sought, the Councils ‘Request for a Reduced Fee’ form must be completed and must accompany this application. Please note this does not apply to residential premises.● Cheques should be payable to Sevenoaks District Council. Alternatively, you can call the Licensing Partnership on 01732 227004 and pay by either credit or debit card over the telephone.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section J - Required Service

18. Bodies that you must send a copy of this application to.	Tick to confirm copy sent
<p>You are required, on the day you submit this application to the Council, to send a copy of it to:</p> <ul style="list-style-type: none">● The Commissioner of Police;● The London Fire Brigade; and● The Council’s Trading Standards Service <p>Failure to comply with this requirement may prevent consideration of your application.</p> <p>You should send a copy of this application to:</p> <ul style="list-style-type: none">● Metropolitan Police (Licensing), Civic Offices, 2 Watling Street, Bexleyheath, Kent DA6 7AT● Bexley Borough Commander, Fire Safety Regulation, South East Area 3, 169 Union Street, London SE1 0LL <p>You should send a copy of this application, Gas Safety Certificate, current Electrical Installation Report, an up to date Pat Testing Certificate and all qualifications of practitioners to:</p> <ul style="list-style-type: none">● Trading Standards Service (special treatment licensing), Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section K – Contact Person

19. Contact in respect of the application

Any written communication in respect of the application will be made to an individual applicant at their home address; or in respect of an application made by a Partnership, to the person named in the application as Partner One at their home address; or in respect of an application made by a Company, to the Company Secretary at the registered office address.

Do you wish us to communicate with someone other than the person named above?

Tick as appropriate

Yes

No

If yes, please provide their details below:

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Address:

Postcode:

Contact Telephone Number:

Mobile Number:

Email:

Relationship to the applicant (e.g. Solicitor, Agent, Friend):

Section L - Standard Conditions

20. Waiver/Amendment of Standard Conditions

The Council has, in accordance with section 10 of Part II of the London Local Authorities Act 1991 made regulations prescribing Standard Conditions, some of which will apply to all Licences granted and some that will only apply where certain types of special treatments are provided.

Are you seeking to waive or amend any of the Standard Condition(s) that would apply should this application be granted and a licence issued?

Tick as appropriate

Yes

No

If yes, please provide the detail of the waiver/amendment sought, together with your reason(s):

Continue on a separate sheet if necessary

Section M – Declaration

21. This declaration must be signed by the applicant; that is the individual named in the application; or in respect of an application made by a Partnership, each Partner; or in respect of an application made by a Company, the Company Secretary or any Director.

I declare that the information contained in this application is true and accurate to the best of my knowledge and belief.

I understand that the Licensing Partnership may consult other agencies about my suitability to hold a licence to hold a Special Treatment Premises Licence; which will include other Local Authorities, the Metropolitan Police and the London Fire Brigade.

I understand that the information I have provided may be shared and that such information may extend to personal data. I also understand that my details may be included on the Council's register of 'licensed special treatment premises'. I hereby consent to this processing of my data and display of relevant information on the public register.

Local Authorities must protect funds it handles and so the information you have provided on this form may be used to detect and prevent fraud. The information may also be shared for the same purposes, with other organisations which handle public funds including data to be used as part of the National Fraud Initiative. Your personal data will also be shared with the local authorities, which make up the Licensing Partnership, for the purpose of processing your licensing application. Your personal data will not be used for any other purpose without your prior consent, except as permitted under the Data Protection Act 2018. For further information, please see <https://www.gov.uk/government/collections/national-fraud-initiative>

Signature:	Date:	Print Name: Position held:
Signature:	Date:	Print Name: Position held:
Signature:	Date:	Print Name: Position held:

Notes

Section A

1. Question 1 asks about the premises at which special treatments are to be provided. This can be a private residential dwelling. If the business does not have a trading name or web address, just state 'not applicable' (N/A).
2. You are advised to check with the Council's planning department to see if the premises that you intend to use to provide licensable special treatments requires planning consent and whether or not there are any restrictions with regards to the hours applied for. You will need to contact the main switchboard (020 8303 7777) of the Council and ask to be put through to Planning.

Section B

3. Questions 2 to 5 are self-explanatory – they ask who is making the application and for details of the applicant, who may be an individual, a partnership or a company.

Section C

4. Question 7 asks for the details of the person who will be responsible for the day to day management of the premises. This person can be the applicant. If the person named as the 'Premises Manager' is not the applicant they **must** complete the form entitled 'Premises Manager - Consent'; and this form **must** accompany the application. Failure to do so will result in the application being invalid.
5. One identical passport size and quality photographs, taken within the last month, of the person named in the application as the 'Premises Manager' **must** accompany the application. Their name must be printed on the reverse side of the photograph. Failure to do so will result in the application being invalid.

(Please refer to Note 10 below for additional information as to acceptable photographs).

Section D

6. Question 8 asks for the detail of the different types of 'special treatment' to be provided at the premises. It is important that applicants **list all the different 'special treatments'** they want to provide, as only those listed in the application will be considered. Applicants may wish to refer to the Council's guidance, 'A-Z of Special Treatments', as this guidance lists the various special treatments that are known to this Council.

This guidance is not exhaustive and as the beauty industry moves so fast, you may wish to apply for new treatments that are not listed. If this is the case, please email the Licensing Partnership at licensing@sevenoaks.gov.uk or ts.duty@bexley.gov.uk **before** applying. Do not guess the special treatment as this could lead to your application being invalid, objected to or having to be withdrawn. **It could also mean that no refund or only a partial refund will be made.**

Note: Any licence issued will set out the different 'special treatments' that are allowed to be provided at the premises.

7. Question 9 is self-explanatory, it asks for the details of any 'special treatment' that will be provided on a communal basis.

Section E

8. Question 10 asks about the individuals who will be providing the 'special treatments' at the premises. For each individual (practitioner) it asks for their personal details and for the specific 'special treatment' they are intending to provide. It is important that **all the individuals who will provide 'special treatments' at the premises are listed**, as only those named in the application will be considered. If the applicant and, where different, the 'Premises Manager', are going to provide 'special treatments' at the premises they also need to be listed.

Note: Any licence issued will list the individuals (practitioners) allowed to provide 'special treatments' at the premises.

9. It is for the applicant to satisfy themselves that all individuals named in question 10 have the appropriate qualifications and/or training and/or experience to provide the specific 'special treatments' they will be providing. It will be a condition on any licence granted that 'training records' are kept in respect of all persons providing 'special treatment'. The Council has issued guidance, 'Special Treatments – Qualifications & Training' to assist applicants in this respect. All practitioners named in question 10 must be qualified to carry out those treatments and copies of all their qualifications for licensable treatments to be provided must be submitted with the application. Applicants also need to be satisfied that any person working at the premises is legally entitled to do so. The Home Office has issued guidance to assist employers in this respect.
10. One passport size and quality photograph, taken within the last month, of all persons named in question 10 as providing 'special treatments' at the premises **must** accompany the application. The Practitioners name must be printed on the reverse side of each photograph. Failure to provide satisfactory photographs will result in the application being rejected. The photograph can be provided in digital format or any other means provided it meets the acceptable standards detailed below.

To be accepted the photographs must be:

- the standard size used in photo booths in the UK (which is 45 mm high x 35mm wide); and not be a cut down version of a larger picture;
- printed to a professional standard;
- taken within the last month;
- in colour on plain white photographic paper with no border;
- taken against a plain cream or light grey background;
- clear and in focus;
- without any creases or tears
- marked on reverse with the individuals full name;
- unaltered by computer software;
- a close-up of the individuals full head and upper shoulders; and
- in clear contrast to the background.

Photographs **must not** contain other objects or people and the individual in the photograph **must be** facing forward and looking straight at the camera

Section F

11. This section is self-explanatory. Questions 11, 12, 13 and 14 ask about any 'special treatment' licences or registrations the applicant may hold; if the applicant has ever had an application refused; if the applicant has ever had a licence or registration revoked, and whether they have ever held a special treatment licence

in the London Borough of Bexley. The first three questions apply to premises anywhere in the UK, **not** just those located in the London Borough of Bexley.

Section G

12. Question 15 is self-explanatory; it asks if any person named in the application has been convicted of an offence under the Act.

Section H

13. Question 16 is self-explanatory; it asks about the requirements for any gas and electrical certificates to ensure that the both the premises and portable electrical equipment is safe.

Section I

14. This section acts as a reminder to the applicant to provide the correct fee and all other required documentation. The fee in respect of this application is as prescribed in the Councils, guidance 'Fees - Special Treatment Licensing'. The Council's 'Application for a Reduced Fee' must be completed and attached to this application if a reduced fee is being sought. Please note this does not apply to residential premises.

Section J

15. This section informs the applicant of their legal responsibility to send a copy of their application to the Police and Fire Brigade. It also provides the contact addresses for both services. It also advises that a copy of this application and certificates/reports must be sent to the Trading Standards Service (special treatment licensing). It explains that failure to comply with this requirement may prevent consideration of the application.

Section K

16. Question 19 asks who, if not the applicant, the Council should liaise with regarding the application.

Section L

17. Question 20 asks if the applicant wants to waive any of the standard conditions that will apply should the application be granted. To decide this applicant should have regard to the Council's 'Standard Condition's for premises licensed to provide 'Special Treatments'.

Section M

18. This section is self-explanatory; it sets out who must sign and date the declaration.