

APPLICATION FOR THE TRANSFER OF A SPECIAL TREATMENT 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

1. Who is making the application? (tick as appropriate)			
An individual	<input type="checkbox"/>	Partnership Go directly to question 3	<input type="checkbox"/>
		Limited Company Go directly to question 4	<input type="checkbox"/>
2. 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 6	
3. 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"/>	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Surname:	Other <input type="checkbox"/> (please state):	Surname:	Other <input type="checkbox"/> (please state):
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 6	

4. Limited Company

Name of Company:

Registered Office Address:

Post Code:

Company Registration Number:

Company Telephone Number:

Company Email:

5. 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 ATitle: 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 BTitle: 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 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:		
Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):	

6. Name & Address of Licensed Premises

Trading Name (as existing):

Address:

Post Code:

Licence Number:

Will the trading name of the premises change as a result of the transfer of the Licence

Tick as appropriate Yes No

If yes, please provide the new trading name of the premises here:

7. Premises Manager

Will any individual named in this application be the 'Premises Manager', that is responsible for the day to day management of the premises?

Tick as appropriate Yes No

If yes, please name:

Is the individual named above on the current Licence as the 'Premises Manager'?

Tick as appropriate Yes No

If no, an application to vary the Licence so as to change the person named on the Licence as the 'Premises Manager' must be made.

Please tick to confirm that an application to vary the 'Premises Manager' has been made and provide the date of this application. Date of Application:

8. Provision of Licensable Treatments

Will any individual named in this application be providing licensable treatments at the premises?

Tick as appropriate Yes No

If yes, are they named in Annex A of the current Licence as a 'Practitioner'?

Tick as appropriate Yes No

If no, an application to vary the Licence so as to add them to the 'Practitioners' listed in Annex A of the Licence must be made.

Please tick to confirm that an application to vary the 'Practitioners' has been made and provide the date of this application. Date of Application:

9. Other Licences or Registrations

Does the applicant currently hold any 'Special Treatment' licences or registrations issued by Local Authorities other than Bexley?

Tick as appropriate Yes No

If yes, please provide the information requested below for each licence or registration held.

Name of issuing Local Authority:

Licence/Registration Number:

Expiry Date:

Name & Address (including postcode) of licensed/registered premises:

Continue on a separate sheet if more than one licence/registration held

10. Revoked Licences

Has the applicant ever had a Special Treatment' licence revoked?

Tick as appropriate Yes No

If yes, please provide the information requested below for each licence revoked.

Name of Local Authority that revoked licence:

Date of Revocation:

Reason for Revocation:

Name & Address (including postcode) of the premises which had the licence or registration revoked:

Continue on a separate sheet if more than one revocation

11. Refused Licences or Registrations

Has the applicant ever had an application for a Special Treatment' licence or registration refused?

Tick as appropriate Yes No

If yes, please provide the information requested below for each licence or registration revoked.

Name of Local Authority that refused licence/registration:

Date of Refusal:

Reason for Refusal:

Name & Address (including postcode) of premises which had the licence or registration refused:

Continue on a separate sheet if more than refusal

12. Convictions

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?

Tick as appropriate Yes No

If yes, please identify the individual and provide detail of 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:

Continue on a separate sheet if necessary

13. Consent of Current Licence Holder

The Current Licence holder needs to consent to the transfer of the Licence. To do this they must complete the form entitled 'Consent to Transfer' and this form must be returned with this application.

Please tick to confirm that current Licence holder has given their consent.

14. Date Transfer Effective

Do you want to transfer the Licence with immediate effect?

Tick as appropriate Yes No

If no, please provide the date that you want the transfer to become effective:

15. The Documentation set out below must accompany this application.

Tick to confirm provided

- Consent of the current Licence Holder (the person/company leaving the premises)
 - The correct fee
- Cheques should be payable to Sevenoaks District Council. Alternatively you can call the Licensing Team on 01732 227004 and pay by either credit or debit card over the telephone.
- The Licence document (including Annex A) issued by the Council in respect of the premises detailed in section 2 of this application

If you are not returning the Licence document (including Annex A) with this application, please give the reason why below:

16. Bodies that you must send a copy of this application to.

You are **required**, on the day you submit this application to the Council, to send a copy of it, to The Commissioner of Police and The London Fire Brigade. Failure to comply with this requirement may prevent consideration of your application.

Tick to confirm copy sent

You should send a copy of this application to:

- 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

17. Contact in respect of the application

Please tell us if you want us to communicate with anyone other than the applicant about this application. If this section is completed this will be the person and address to which the amended Licence document will be sent.

Name:

Address:

Postcode:

Contact Telephone Number:

Email:

If not the applicant, relationship to the applicant (e.g. Solicitor, Agent):

18. 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: