

CONSENT OF CURRENT LICENCE HOLDER TO THE TRANSFER OF THE SPECIAL TREATMENT LICENCE

PART II OF THE LONDON LOCAL AUTHORITIES ACT 1991

1. Full Name of current Licence Holder
2. Name & Address of Licensed Premises
Trading Name (as existing):
Trading Name (proposed):
Address:
Post Code:
Licence Number:
3. Name of Individual(s) or Company applying for the Transfer of the Licence
4. Consent
<p>I consent to the transfer of the Special Treatments Licence issued in respect of the premises detailed in section 2 above being transferred to the individual(s)/company named in section 3 above.</p> <p>Signed..... Dated.....</p> <p>Print Name Position.....</p> <p>Note: This 'consent' must be signed by the Licence holder, that is the individual in who holds the Licence, or in respect of a Partnership any one of the Partners named on the Licence, or in respect of a Licence held by a Company the Company Secretary or any Director of the Company that holds the Licence.</p>