

CONSENT OF PREMISES MANAGER - SPECIAL TREATMENT LICENCE

PART II OF THE LONDON LOCAL AUTHORITIES ACT 1991

Before completing this form please read the guidance notes at the end of the form; and if you are completing this form by hand please write **CLEARLY**, in block capitals and using **BLACK** ink.

1. The 'Premises Manager'	
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:	
National Insurance Number:	
Date of Birth:	Place of Birth (Town & Country e.g. Bexley, UK):
2. Details of the Premises at which Special Treatments are to be provided	
Trading Name:	
Address:	
Post Code:	
Licence Number (if known):	
3. Convictions	
Have you been convicted, within the last five years, of an offence under Part II of the London Local Authorities Act 1991? Tick as appropriate Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide, the offence for which you 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	
4. Consent	
In consenting to be the 'Premises Manager' I understand that if the premises are used as an establishment for special treatment otherwise than in accordance with the terms, conditions or restrictions on or subject to which the licence is held, then I, as a person concerned in the conduct or management of the premises, shall be guilty of an offence and liable on summary conviction to a fine not exceeding level 4 on the standard scale.	
Signed..... Dated.....	
Print Name	