

## APPLICATION FOR A MINOR VARIATION

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](mailto:licensing@sevenoaks.gov.uk)

<b>1. Full Name of Licence Holder</b>		
<b>2. Name &amp; Address of Licensed Premises</b>		
Trading Name:		
Address:		
Post Code:		
Licence Number:		
<b>3. Variation Sought</b>		
Variation sought	Tick all relevant options	
a) Remove a treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Reduce the operating hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Remove Practitioner(s) from the licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Remove an obsolete/out of date condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>4. Detail of Variation</b>		
a) <b>Remove a treatment</b> - please list below the treatment(s) to be removed, the category of the treatment and the full name of all the practitioner (s) who was providing the treatment:		
<b>The Council's 'A-Z of Special Treatments' sets out the category of various licensable special treatments</b>		
<b>Treatment</b>	<b>Category</b>	<b>Name of Practitioner(s)</b>
<b>Please continue on a separate sheet if required</b>		

Are all the practitioner(s) named above detailed on Annex A of the Licence already?

Tick as appropriate      Yes       No

If no, please tick to confirm that the appropriate application to add them to the Licence as an 'additional practitioner' has been made and provide the date of this application.

Date of application :

b) **Reduce the operating hours** – please list the new operating hours below:

Open

Close

Monday .....  
Tuesday .....  
Wednesday .....  
Thursday .....  
Friday .....  
Saturday .....  
Sunday .....

Has the premises got planning consent to be used to provide 'Special Treatments' to the hours set out above?      Tick as appropriate      Yes       No

If no, please give reason (e.g. not needed, in process of applying etc.)

c) **Remove Practitioner(s) from the licence** please list below the full name(s) of the practitioner(s) to be removed from the licence:

Name of Practitioner(s)	Name of Practitioner(s)

d) **Remove an obsolete/out of date condition** - please detail below the condition(s) you think is obsolete/out of date and wish to be removed from the licence:

**Please continue on a separate sheet if required**

e) **Other** - please detail below any other variation to the Licence:

Please continue on a separate sheet if required

5. The documentation set out below must accompany this application	Tick to confirm provided
<ul style="list-style-type: none"><li>• The correct fee Cheques should be payable to Sevenoaks District Council. Alternatively you can call the Licensing Team on 020 3045 3963 and pay by either credit or debit card over the telephone</li><li>• The Licence document, which includes all the Annexes issued by the Council in respect of the premises detailed in section 2 of this application.</li><li>• If you are not returning the Licence document please give the reason why below</li></ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>

### 6. Contact in respect of the application

Please tell us who you want us to communicate with about this application.  
The amended Licence document will be sent to the person detailed below.

Name:

Address:

Postcode:

Contact Telephone Number:

Email:

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

### 7. This declaration must be signed by the Licence holder (See note 1)

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:

### Notes

1. The application **must** be signed by the Licence holder, this is the individual named on the Licence; or in respect of a Licence held by a Partnership, any one of the Partners as named on the Licence; or in respect of a Licence held by a Company, the Company Secretary or any Director of the Company named on the Licence.