

## RENEWAL APPLICATION

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:	
Telephone Number of Premises:	
Licence Number:	
Licence Expiry Date:	
<b>3. Confirmation of no changes to current licence</b>	Tick to confirm
A renewal application is made on the same terms and conditions as the current licence and that no changes have been made.	
<ul style="list-style-type: none"> <li>• I confirm that the Licence Holder has not changed;</li> <li>• I confirm that the Premises Manager has not changed;</li> <li>• I confirm that there are no new practitioners to be added to the licence</li> <li>• I confirm that I have not changed the layout of the premises and require a variation application to change the plan which forms part of my licence;</li> <li>• I confirm that I have not added any additional licensable treatments to my special treatment licence;</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>4. Do you need to remove any practitioners from the licence - Detail full names to be removed</b>	
<b>5. The fee must accompany this application</b>	Tick to confirm provided
<ul style="list-style-type: none"> <li>• The correct fee</li> </ul> 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"/>

<b>6. Bodies that you must send a copy of this application to</b>	Tick to confirm copy sent
<p>You are <b>required</b>, on the day you submit this application to the Council, to send a copy of it to:</p> <ul style="list-style-type: none"> <li>• The Commissioner of Police; and</li> <li>• The London Fire Brigade</li> </ul> <p>Failure to comply with this requirement may prevent consideration of your application.</p> <p>You should send a copy of this application and plan to:</p> <ul style="list-style-type: none"> <li>• Metropolitan Police (Licensing), Civic Offices, 2 Watling Street, Bexleyheath, Kent DA6 7AT</li> <li>• Bexley Borough Commander, Fire Safety Regulation, South East Area 3, 169 Union Street, London SE1 0LL</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>

**7. Contact in respect of the Application**

Please tell us who you want us to communicate with about this application. If granted, the renewed Licence document will be sent to this person.

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:	

Address:

Post Code:

Home Telephone Number:	Personal Mobile Number:
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Email:

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

**8. 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: