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| **Official use only:** | Date received |
| Payment received | Case Ref: |

**APPLICATION FOR A TRANSFER OF SPECIAL TREATMENT PREMISES LICENCE LONDON LOCAL AUTHORITIES ACT 1991 Part II**

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| **PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**  Please complete all questions on the form. If you have nothing to record, please state ‘not applicable’ or ‘none’. Before completing the form you should read the application guidance notes and refer to them where indicated on this form.  If you are completing this form by hand, please write legibly in block capitals using black ink. Use additional sheets if necessary (marked with the number of the relevant question). You may wish to keep a copy of the completed form for your records.  **Please note before the licence is transferred you must show evidence that you have**   * **A consent to transfer form signed by the current licence holder** * **a current periodic inspection certificate for the fixed electrical installation;** * **a portable appliance test (PAT) report for all portable/moveable electrical appliances, unless they are new, and you have kept receipts;** * **the correct public liability insurance (minimum cover £2 million for all treatments offered).**   **Please note that this form cannot be used to add treatments to an existing licence.** |

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| **Part 1 - Details of premises** |
| **1. Trading name of premises** |
| **2. Address of premises** (if only using part of a premises, e.g. the ground floor, please give details) |
| **3. Email address** |
| **4. Telephone number** |

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| **5. Is the premises currently under construction or being altered in any way? Yes No** |
| **If Yes, please give details:** |

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| **6. Do you, the company, or organisation have any interest in any other special Yes No treatment establishments?**  If yes, we may contact you for further details |

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| **Part 2 - Applicant details** |
| **7. Please state if you are applying for a licence as**  **An individual** please complete section A  **A partnership** please complete section A for all partners  **An unincorporated organisation** please complete section A  **A company or other incorporated body** please complete section B |
| **8. What is your interest in the premises? Freeholder**  **Lessee**  **You rent the premises Other**  If other please give details: |

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| **Section A -** To be completed by individuals, partnerships and unincorporated organisations only. Please use additional sheets if necessary  **List name and home address of applicant(s):**  Please do not give a business address in this section. Applications that do not state home addresses will not be accepted. These details will appear on the licence. | |
| **Title:** Mr Mrs Miss Ms Other title: | |
| **Surname** | **First Name(s)** |
| **Date of birth** | **Place of birth** |
| **Home address** | |
| **Telephone number** | **Email address** |

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| **Title:** Mr Mrs Miss Ms Other title: | |
| **Surname** | **First Name(s)** |
| **Date of birth** | **Place of birth** |
| **Home address** | |
| **Telephone number** | **Email address** |

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| **Section B -** To be completed only if you will be trading as a limited company or other incorporated body | |
| **Name of company / incorporated body** | |
| **Address of registered office** | |
| **Description of applicant** (e.g. company, limited liability partnership) | |
| **Contact name** of person dealing with application | |
| **Telephone number** | **Email address** |

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| **Section C - Management of premises. To be completed by all applicants**  If the establishment will be managed on your behalf, please give details of the manager. This applies whether you are an individual, an organisation or a limited company. | |
| **Title:** Mr Mrs Miss Ms Other title: | |
| **Surname** | **First Name(s)** |
| **Date of birth** | **Place of birth** |
| **Home address** | |
| **Telephone number** | **Email address** |
| **Please give details of the manager’s experience and any membership of professional bodies** | |

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| **Part 4 – Important Notes** |
| Please use this part of the form to check that your application is complete  **If the answer to any of these questions is no, then your application is incomplete and should not be sent**  Have you completed **all** relevant parts of the form? **Yes No**  Have you included the **correct fee Yes No**  (Details on how to pay over page)  Have you included the consent to transfer signed by the current licence holder? **Yes No**  Has the form been signed (below)? **Yes No**  Have you included the plan of the premises **Yes No**  (This can be hand drawn) |

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| **Part 5 - Signature** | |
| **The form must be signed by the applicant. In the case of a partnership, all parties must sign. In the**  **case of a limited company, the Managing Director, Company Secretary, or applicant’s agent (e.g. solicitor) can sign** | |
| **Signature:** | **Print Name:** |
| **Date:** | **Position in organisation:** |

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| **Signature:** | **Print Name:** |
| **Date:** | **Position in organisation:** |

**Please note any statutory consultation periods will not commence until payment has been made. Do not send cash with applications. You are advised to check that your application has been received if you have not heard from us within 4 weeks of postage. No liability can be accepted by the Council for any loss of application in the post.**

# London Borough of Ealing applicants:

The completed application should be sent to: -

## Ealing Council, Licensing Team, Perceval House, 14-16 Uxbridge Road, W5 2HL.

Alternatively, you can send a scanned PDF copy of your application to [**licensing@ealing.gov.uk**](about:blank)

The following **Payment Options** are available:

 **Post**: Cheques or postal orders should be made payable to ‘Ealing Council’

 **Telephone**: Debit and Credit Card payments can be made by telephoning (020) 8825 6655

If you wish to pay in this way, give clear telephone contact details on the top of the application form or in a covering letter. We will then contact you once we have received your form. Please note any statutory consultation periods will not commence until payment has been made. It is your responsibility to contact us if you have not been requested to make the payment after submitting an application in this way.