

**LONDON LOCAL AUTHORITIES ACT 1991, PART II
SPECIAL TREATMENT PREMISES**

APPLICATION FOR TRANSFER OF AN ANNUAL LICENCE

This form should be fully completed, signed and forwarded to:

Licensing Team, 3rd Floor, 222 Upper Street, Islington, London, N1 1XR.

Enclosing a cheque or postal order for the appropriate fee made payable to London Borough of Islington and crossed (cash should not be submitted).

Register Number:
Fee Paid:
Cheque/Postal Order No:
Receipt Number:
Date Received:
Initials:

PLEASE READ THE ACCOMPANYING NOTES CAREFULLY BEFORE COMPLETING THIS FORM

I/We apply for a renewal of the annual special treatment licence for the premises named below:

1.	Name of the premises:	
	Address of the premises:	
	Postcode:	
	Telephone number:	
2.	Your first name(s):	
	Your surname:	
	Your private residential address:	
	Postcode:	
3.	If the application is made by a limited liability company, give the name & address of the registered office here:	
	Postcode	
4.	What part(s) of the premises are proposed to be used under the licence? (e.g. basement, ground floor etc):	

5.	What is the main use of the premises to which this licence application relates:	
6.	Please give full details of your interest in the premises:	
7.	Are you in a position to carry out the Council's safety and technical requirements in respect of the premises given in answer to Question 1:	
8.	How many persons registered by the Council to give special treatments do you intend to employ at the premises at any one time:	
9.	List all special treatments to be given	

I declare that I undertake to carry out the following requirements:

a. I have sent a copy of this application form to the below responsible authorities:

- Islington Borough Police
Islington Police Station
2 Tolpuddle Street
London
N1 0YY
- Fire Safety Regulations: North East Area2
London Fire Brigade
169 Union Street
City Road
London
SE1 0LL
- Health & Safety Officer
Public Protection Division
London Borough of Islington
222 Upper Street
London
N1 1XR

- b. Only those treatments named on the licence will be provided at the premises.
- c. The only persons I will employ to provide special treatment will be those registered by the Council and I will permit them only to give those treatments specified on their identification card and registration document.
- d. The following documents will be kept on the premises and available for inspection by authorised officers.
 - A current Periodic Inspection Report on the electrical installation.
 - A certificate confirming examination of all fixed and portable electrical equipment in the last 12 months.
 - Fire risk assessment.

DECLARATION:

The application must be signed by the applicant proposing to carry on the establishment. In the case of a company, the Managing Director or Company Secretary must sign.

I hereby declare that the particulars contained in this document are true to the best of my knowledge and belief.

Signature: _____ Name in Block Capitals: _____

Position: _____ Dated: _____

Data Protection Act 1998

Please note that the information on this form will be stored on computer; it will not be shared with other organisations, unless authorised under the Data Protection Act 1998.

Islington Council will process information provided by you for the purpose of processing your Application.

The information you provide will/may be disclosed to: other departments within Islington Council; the Police; other Local Authorities and other Government Agencies only when and where necessary for the purpose(s) of Prevention and/or detection of crime and to check for any anomalies and/or inconsistencies.

Retention Procedure

Our department will retain your personal data for a maximum of **six years** once our business with you has concluded. Your personal data will then be securely destroyed.

IMPORTANT NOTE: THIS APPLICATION IS OPEN TO INSPECTION BY THE PUBLIC