

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

**APPLICATION FOR AN ANNUAL PREMISES LICENCE**

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

**Licensing Team, 3<sup>rd</sup> 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 an annual special treatment licence for the premises named below:**

<b>1.</b>	Name of the premises:	
	Address of the premises:	
	Postcode:	
	Telephone number:	
<b>2.</b>	Your first name(s):	
	Your surname:	
	Maiden name ( <i>if applicable</i> ):	
	Other names known under:	
<b>3.</b>	Date of Birth:	
<b>4.</b>	Your private residential address:	
	Proof of address must be supplied to the Council (see note 1 below)	
	Postcode:	
<b>4.1</b>	Your previous private residential address if less than 12 months at address given above:	
	Postcode:	

5.	Passport Number OR Driving Licence Number (see note 1 below):	
6.	List all convictions in the last five years (include date(s) and Court details) (Continue on a separate sheet if necessary)	
7.	If the application is made by a limited liability company, give the name & address of the registered office here:	
	Postcode	
	Company Registration Number:	
8.	What part(s) of the premises are proposed to be used under the licence? (e.g. basement, ground floor etc):	
9.	What is the main use of the premises to which this licence application relates:	
10.	Please give full details of your interest in the premises:	
9.	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:	
11.	How many persons registered by the Council to give special treatments do you intend to employ at the premises at any one time:	
12.	List all special treatments to be given (continue on a separate sheet if necessary):	

**Note 1:**

**You must provide the Council with four full-face passport size photographs taken within the 12 months preceding the application, your passport or driving licence with photograph and proof of your residential address, e.g. bank statement or utilities bill.**

**Note 2:**

**You must enclose a full copy of plans for the proposed premises.**

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

**a. I have sent a copy of this application form in addition to the plans 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. I have enclosed a copy of the plan of the premises**

**c. Only those treatments named on the licence will be provided at the premises.**

**d. 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.**

**e. 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: \_\_\_\_\_

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

**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.