**LONDON LOCAL AUTHORITIES ACT 1991, PART II**

**SPECIAL TREATMENT PREMISES**

**APPLICATION FOR TRANSFER OF AN ANNUAL LICENCE**

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| This form should be fully completed, signed and forwarded to:  [licensing@islington.gov.uk](mailto:licensing@islington.gov.uk)  Or  Licensing Team, 3rd Floor, 222 Upper Street, Islington, London, N1 1XR.  We do not accept cheques or cash.  Payment link will be emailed to you when application is being processed | **FOR OFFICE USE ONLY** | |
| Worksheet 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 transfer of an annual licence for the premises named below:**

|  |  |  |
| --- | --- | --- |
| **Premises Details** | | |
| **A.** | Licence number: |  |
| Premises Name: |  |
| Address of the premises: |  |
| Postcode: |  |
| Telephone Number: |  |
| Email Address: |  |
| **Applicant if a Limited Company**  **(if licensee is an individual or Sole Trader please complete part C below)** | | |
| **B.** | Company Name: |  |
| Registered Address: |  |
| Postcode: |  |
| Contact Telephone Number: |  |
| Contact Email Address: |  |
| Company Registration Number: |  |
| Legal Status: (e.g. Company Partnership etc.) |  |

|  |  |  |
| --- | --- | --- |
| **Applicant if an Individual** | | |
| **C.** | First Name(s): |  |
| Surname: |  |
| Maiden Name (If Applicable): |  |
| Residential Address:  (Proof must be provided) |  |
| Postcode: |  |
| Telephone Number: |  |
| Email Address: |  |
| Date of Birth: |  |
| Passport/Driving License number: |  |
| **Convictions** | | |
| **D.** | List all, if any spent and unspent convictions in the Last five years (Include date(s) and court details) |  |

|  |  |  |
| --- | --- | --- |
| **Checklist** | | |
| A | A completed premises application form |  |
| C | A current valid passport or a driving licence with photo (If Applying as an individual) |  |
| D | Proof of residential address, this should be either a current Council Bill, utility bill or personal bank statement (If Applying as an individual) |  |
| E | Information on any un-spent criminal convictions of applicant (If Applying as an individual) |  |
| F | Relevant Fee (Payment link will be emailed to you when application is being processed) |  |
| G | A consent form signed by previous owner |  |

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

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

|  |  |
| --- | --- |
| Islington Licensing Police  C/O London Borough of Islington  3rd Floor  222 Upper Street  London  N1 1XR | Fire Safety Regulations: North East Area 2  London Fire Brigade  169 Union Street  City Road  London  SE1 0LL |
| [**CNMailbox-.IslingtonPoliceLicensingTeam@met.police.uk**](mailto:CNMailbox-.IslingtonPoliceLicensingTeam@met.police.uk) | [**islingtongroup@london-fire.gov.uk**](mailto:islingtongroup@london-fire.gov.uk) |

1. **There are no changes to the layout of the Premises as Licensed.**
2. **Only those licensable treatments named on the licence will be provided at the premises;**
3. **The only persons I will employ to provide Licensable 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;**
4. **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**
* **Special Treatment Licence issued by the council**

1. **I am aware that the licence is subject to the standard conditions for Special Treatment premises along with any other specified additional conditions.**
2. **I am aware of the regulations of the authority concerning special treatments. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.**

**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.

Name in Block Capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection Act 2018 (DPA 2018) and the General Data Protection Regulation (GDPR).**

The information you provide may be disclosed to: other departments within Islington Council; the Police; other Local Authorities and Government Agencies only when and where necessary for the purposes of processing your application

We will always process your information in accordance with the law - for more information on the basis on which we process, use and store your information, please refer to the Council’s Privacy Policy - <https://www.islington.gov.uk/about-the-council/information-governance/data-protection/privacy-notice>.

**IMPORTANT NOTE:**

**THIS APPLICATION IS OPEN TO INSPECTION BY THE PUBLIC**

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**Consent of annual special treatment premises licence holder to transfer**

I/we

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*[full name of premises licence holder(s)]*

the holder of special treatment premises licence numbered

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*insert premises licence number]*

relating to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*insert name & address of premises to which the application relates*]

hereby give my consent for the transfer of the special treatment premises licence numbered

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*insert premises licence number]*

to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*insert full name of the transferee]*

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

[*please print*] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_