

SPECIAL TREATMENTS PREMISES
London Local Authorities Act 1991 – Part II



APPLICATION TO RENEW A
SPECIAL TREATMENTS PREMISES LICENCE

Please complete all sections of this form ensuring that answers are clear and legible.

Licence Number

Note: A non-refundable application fee must be paid before this application is submitted. The licence fee is payable on approval of the application.

The current table of fees is available on the Special Treatments Premises Licences page the Council's website

Credit/debit card payments may be made online - [Make a payment | London Borough of Barking and Dagenham](#) / other.

Please tick your special treatment category and refer to the website for the correct fee to be paid

Category-1 ☐ Category-2 ☐ Category-3 ☐ Category- 4 ☐

I/We		(Licensee)
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hereby apply to the Council of the London Borough of Barking & Dagenham, pursuant to the provisions of the London Local Authorities Act 1991, for the renewal of a special treatments premises licence.

Premises Name:
Full Address:
Telephone Number:
Email Address:

The licence may only be renewed on submission of this form alone if there are NO changes to:

- The type and number of treatments being provided
- The practitioner(s) providing the treatments
- The layout of the premises

If any changes to the licence are required, an application to Vary a Special Treatments Premises Licence form must additionally be completed and submitted.

The application to vary the licence will incur an additional application fee.

HAS ANY PERSON NAMED IN OR ASSOCIATED WITH THIS APPLICATION, INCLUDING ALL PERSONS WORKING AT THE PREMISES, BEEN CONVICTED OF ANY CRIMINAL OFFENCE DURING THE LICENSING PERIOD?	Yes	No
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If YES, Declaration of Convictions form(s) completed by the relevant person(s) must be submitted

DECLARATION

I/We declare that the information provided in this application form and any attached documents is correct to the best of my/our knowledge and belief.

Where the application is made on behalf of an organisation, a director or secretary should sign. In case of a partnership, each partner should sign. If signing on behalf of an applicant, please state in what capacity you are acting.

Signature:	Date:
Print Name:	
Position:	
Signature:	Date:
Print Name:	
Position:	

Please submit completed forms by post to

Licensing Team
London Borough of Barking and Dagenham
Lower Ground Floor
Barking Town Hall
1 Town Square
Barking IG11 7LU
Or by e-mail to: licensing@lbbd.gov.uk