

SPECIAL TREATMENTS PREMISES
London Local Authorities Act 1991 – Part II



APPLICATION TO TRANSFER A
SPECIAL TREATMENTS PREMISES LICENCE

Please read the notes attached to this form carefully before completing your application.

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

SECTION 1 – THE PREMISES	
Current Licensee:	Licence no:
Premises Name:	
Full Address:	
Premises Telephone Number:	
Email Address:	

SECTION 2 – APPLICANT	
If the applicant is an individual/sole trader, please complete section 2A	
If the applicant is a partnership, please complete section 2B	
If the applicant is a limited company or other organisation, please complete section 2C	
2A – INDIVIDUAL APPLICANT	
Mr/Mrs/Miss/Ms/other	Surname:
First Name(s)	
Full Home Address:	
Contact Telephone Number:	
Email Address:	
Date of Birth:	

2B – PARTNERSHIP *Please enter details of all partners*

1st Partner

Mr/Mrs/Miss/Ms/other

Surname:

First Name(s):

Full Home Address:

Contact Telephone Number:

Email Address:

Date of Birth:

2nd Partner

Mr/Mrs/Miss/Ms/other

Surname:

First Name(s):

Full Home Address:

Contact Telephone Number:

Email Address:

Date of Birth:

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

2C – LIMITED COMPANY / CHARITY /OTHER

Nature of organisation:

Full name of organisation:

Company registration number/Registered Charity number:

Registered Office address:

Telephone number:

Email address:

1st Director/Trustee/etc. (please state)

Mr/Mrs/Miss/Ms/other Surname:

First Name(s):

Full Home Address:

Contact Telephone Number:

Date of Birth:

2nd Director/Trustee/etc. (please state)

Mr/Mrs/Miss/Ms/other Surname:

First Name(s):

Full Home Address:

Contact Telephone Number:

Date of Birth:

3rd Director/Trustee/etc. (please state)	
Mr/Mrs/Miss/Ms/other	Surname:
First Name(s):	
Full Home Address:	
Contact Telephone Number:	
Date of Birth:	
PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY	

SECTION 3 – TREATMENTS TO BE OFFERED / PRACTITIONERS LICENSED TO PROVIDE TREATMENTS
(delete as applicable)
I/We wish to transfer the licence with all existing licensed treatments and practitioners remaining on the licence
OR
I/We wish to transfer the licence and remove the following existing licensed treatments and/or practitioners:
Treatments
Practitioners
I/We will be making a separate variation application to add new treatments and/or new practitioners or to make other changes to the licensed area or terms, conditions and restrictions of the licence

SECTION 4 – OTHER INFORMATION

Managing the Premises

Please provide details if the person who manages the premises is to change.

Full Name:

Full Home Address:

Contact Telephone Number:

Date of Birth:

Proposed days of operation of the premises:

Proposed hours of operation of the premises:

Has any person associated with this application ever been refused the grant, renewal, transfer or variation of a Special Treatments Licence? YES / NO **If yes, please provide full details**

SECTION 5 – DECLARATION

Declaration *Please read the declaration carefully before signing*

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

Signature:

Date:

Print name:

Capacity:

SECTION 6 – THE FEE

Paying the Fee

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

Credit/debit card payments may be made [online](#). Please enter the online payment receipt number below.

PLEASE NOTE WE DO NOT ACCEPT PAYMENT BY CHEQUE OR POSTAL ORDER

Amount Paid £

Online Payment Receipt No:

Date of Payment:

The application fee is non-refundable.

CHECKLIST
Before submitting this application please ensure:
the application form has been completed in full
you have paid the application fee
EITHER: a Consent to Transfer form been completed by the existing licence holder and is enclosed OR: evidence of the steps taken to obtain the consent of the existing licence holder is enclosed
If there are any new treatments to be offered, new proposed practitioners, changes to the licensed area, or requests for changes to the conditions of the licence, a separate Application to Vary an Existing Special Treatment Licence form has been completed and is enclosed with all necessary supporting documents. Any such application requires the payment of an additional application fee.

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

DATA PROTECTION STATEMENT

The applicant is advised that the information provided in this form may be shared with persons other than the statutory consultees at the discretion of the Council.

The information provided in this form may be used for the prevention and detection of fraud. Information may also be disclosed to the UK Border Agency or HMRC if those bodies make appropriate requests to the Council.

The Council's General Privacy Notice may be viewed at <https://www.lbbd.gov.uk/general-privacy-notice>