

SPECIAL TREATMENTS PREMISES
London Local Authorities Act 1991 – Part II



CONSENT TO THE TRANSFER OF A SPECIAL TREATMENTS PREMISES LICENCE

I/We	
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[Full name of licence holder(s)]

the holder of special treatments premises licence number

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[insert premises licence number]

held in respect of

Premises Name:
Full Address:

give my consent for the transfer of the licence to

.....

[Full name of transferee]

Signature

Date