I/We hereby apply to the Council of the London Borough of Croydon in pursuance of the provisions of the London Local Authorities Act 1991 and 2000, for the licensing of the following premises as an establishment for special treatment.

NEW [ ] RENEWAL [ ] VARIATION [ ] TRANSFER [ ] EXEMPTION [ ]

Current Premises Licence Number (if applicable) ..................................................

Please complete all sections of the application form and send all supporting documents to Croydon Council for consideration, verification and consultation with the Fire Authority and Police.

CROYDON COUNCIL
The Licensing Team
Place Department
6th Floor, Zone A
Bernard Weatherill House
8 Mint Walk
Croydon CR0 1EA
020 8760 5466
licensing@croydon.gov.uk

FIRE AUTHORITY
Fire Safety Regulations
SEArea 3
169 Union Street
London
SE1 0LL
0208 555 1200 ext 37630
FSR-AdminSupport@london-fire.gov.uk

POLICE
Licensing Sergeant
Licensing Office
Metropolitan Police Service
Croydon Police Station
71 Park Lane, Croydon,
CR9 1BP
0208 649 0167
ZD-LICENSEING@met.police.uk
<table>
<thead>
<tr>
<th><strong>BUSINESS PREMISES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trading Name</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
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<tr>
<td><strong>Contact Name</strong></td>
</tr>
<tr>
<td><strong>Business Tel</strong></td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
</tr>
<tr>
<td><strong>Website Address</strong></td>
</tr>
<tr>
<td><strong>Premises Under Construction</strong></td>
</tr>
<tr>
<td><strong>Are Premises Commercial</strong></td>
</tr>
<tr>
<td><strong>Are premises Shared</strong></td>
</tr>
<tr>
<td><strong>If Shared, with who else</strong></td>
</tr>
<tr>
<td><strong>Agent Details</strong></td>
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<tr>
<td>(if applicable)</td>
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</table>
**SECTION B**

Please complete EITHER Section B or C

<table>
<thead>
<tr>
<th>APPLICANT DETAILS</th>
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<tbody>
<tr>
<td>Complete if you are a Sole Trader or Partnership (Delete as appropriate)</td>
<td></td>
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<tr>
<td>Contact Name</td>
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</tr>
<tr>
<td>Home Address</td>
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<td>Home Tel</td>
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<td>Email Address</td>
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</tr>
<tr>
<td>Website Address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Any Previous Applications</td>
</tr>
<tr>
<td>Leaseholder</td>
<td>YES / NO</td>
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<tr>
<td>Any previous convictions or disqualifications</td>
<td>YES / NO</td>
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**SECTION C**

<table>
<thead>
<tr>
<th>COMPANY DETAILS</th>
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<tbody>
<tr>
<td>Complete if you are a an Organisation / Limited Company (Delete as appropriate)</td>
<td></td>
</tr>
<tr>
<td>Registered Company Name</td>
<td></td>
</tr>
<tr>
<td>Registered Company Address</td>
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<td>Registered Company Number</td>
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<td>Contact Name</td>
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<tr>
<td>Business Tel</td>
<td>Mobile</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Directors Name</td>
<td>Date of Birth</td>
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<tr>
<td>Private Address</td>
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If more than one Director, please use black sheet at the end of this application
### MANAGEMENT OF PREMISES

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Business Tel</th>
<th>Mobile</th>
<th>Email Address</th>
<th>Number of Staff</th>
<th>Opening Hours</th>
</tr>
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### SECTION D

### ELECTRICAL TREATMENT DEVICES
Sunbeds, Lasers and other light or electrical devices used when offering a treatment

<table>
<thead>
<tr>
<th>Name of Device</th>
<th>Treatment Used For</th>
<th>Serial Number</th>
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<tbody>
<tr>
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</tbody>
</table>
To be completed for EACH Therapist/Operative PER treatment

| PREMISES NAME: |
|----------------
|                |

| PREMISES ADDRESS: |
|--------------------
|                    |

An application has been made for a Special Treatment Licence at the above premises.

All operatives must submit qualifications in the treatment(s) they will be offering at the premises.

Information provided forms part of the application and will be kept for the length of the licence of 1 year.

Croydon Council consult with the Fire Authority and Police on each application.

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<thead>
<tr>
<th>THERAPIST / OPERATIVE DETAILS</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Telephone Number</td>
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<td>Treatment</td>
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<td>Qualification(s)</td>
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<td>College(s)</td>
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<tr>
<td>Experience gained (if no qualification)</td>
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<td>Working towards Qualification (detail)</td>
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ST/01/08/18
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<td>KEN EYERMAN TECHNIQUE</td>
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<td>ALEXANDER TECHNIQUE</td>
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<td>KINESIOLOGY</td>
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<tr>
<td>ANTHROPOSCPHICAL MEDICINE</td>
<td></td>
<td>KIRILIAN PHOTOGRAPHY</td>
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<tr>
<td>AROMATHERAPY with MASSAGE</td>
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<td>KOREAN HAND THERAPY</td>
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<td>AURICULAR ACUPUNCTURE</td>
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<td>LASER / INTENSE PULSE LIGHT</td>
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<td>AUTOGENIC TRAINING</td>
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<td>LIPO LASER</td>
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<td>AYURVEDIC MEDICINE</td>
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<td>LUMI LIFT / LUMI FACIALS</td>
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<tr>
<td>BACH FLOWER REMEDIES</td>
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<td>MANICURES</td>
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<tr>
<td>BATES METHOD</td>
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<td>MANUAL LYMPHTHATIC DRAINAGE</td>
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<td>BEADING</td>
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<td>MARMA THERAPY</td>
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<tr>
<td>BI AURA THERAPY</td>
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<td>MERIDIAN THERAPIES (see EFT, TAT, Freeway - CER)</td>
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<tr>
<td>BIO RESONANCE THERAPY</td>
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<td>MESOTHERAPY</td>
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<td>BIO SKIN JETTING</td>
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<td>META AROMATHERAPY</td>
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<td>METAMORPHIC TECHNIQUE</td>
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<tr>
<td>BODY MASSAGE</td>
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<td>MICRO CURRENT THERAPY / non surgical face lifts</td>
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<tr>
<td>BODY PIERCING</td>
<td></td>
<td>MICRODERMABRASION</td>
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<tr>
<td>BODY TALK</td>
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<td>MICRODERMABRASION (with lasers)</td>
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<tr>
<td>BODY WRAPS / ENVELOPMENT</td>
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<td>MICRO DERMAL ANCHORS</td>
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<tr>
<td>BOTOX</td>
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<td>MICROBLADING</td>
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<tr>
<td>BOWEN TECHNIQUE</td>
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<td>MICROPIGMENTATION (semi-permanent makeup)</td>
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<td>BRANDING</td>
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<td>MOXIBUSTION with acupuncture</td>
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<td>BE SET FREE FAST (BSFF)</td>
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<td>MOXIBUSTION without acupuncture</td>
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<td>BUTEYKO</td>
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<td>CAVITATION</td>
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<td>NAET (Nambudripad Allergy Elimination Technique)</td>
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<td>CHAMPISSAGE (Indian Head Massage)</td>
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<td>NAIL EXTENSIONS</td>
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<td>NON SURGICAL FACE LIFTS (Micro Current Therapy)</td>
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<td>COLLAGEN IMPLANTS (Cosmetic Fillers)</td>
<td>NORRIS TECHNIQUE</td>
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<td>COLONIC IRRIGATION</td>
<td>NOSE PIERCING (Nostril only)</td>
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<td>COLOUR THERAPY (Chroma Therapy)</td>
<td>OSTEOMYOLOGY</td>
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<td>CRANIOSACRAL THERAPY</td>
<td>OSTEOPATHY</td>
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<td>CRYOTHERAPY (Cryogenic Chamber Therapy)</td>
<td>OXYGEN THERAPY (Oxygen Bars only)</td>
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<td>CRYOLIPOLYSIS</td>
<td>OZONE SAUNA</td>
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<td>OZONE THERAPY</td>
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<td>PEDIUCRE</td>
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<td>PODIATRY &amp; CHIROPODY</td>
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<td>DERMAL ANCHORS (see Micro-dermal Anchors)</td>
<td>POLARITY THERAPY</td>
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<td>DETOX BOX (see Infra Red Sauna)</td>
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<td>DRACULA THERAPY (Stimulated Self Serum Therapy)</td>
<td>REIKI without massage</td>
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<td>DRY NEEDLING</td>
<td>REIKI with massage</td>
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<td>EAR PIERCING (Lobe Only)</td>
<td>REFLEXOLOGY</td>
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<td>ELECTROLYSIS/ELECTRICAL EPILATION (Hair Removal)</td>
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<tr>
<td>ELECTROLYSIS - ADVANCED (Moles, Warts, Skin Tags)</td>
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<td>EYLASH TREATMENTS</td>
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<tr>
<td>FACIALS (with &amp; without massage)</td>
<td>SEMI PERMANENT MAKEUP (see Micropigmentation)</td>
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<td>FACIAL PIERCING</td>
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<td>FACIAL STEAMERS</td>
<td>SKIN PEELS</td>
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<td>FARADISM</td>
<td>SPORTS / REMEDIAL MASSAGE</td>
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<td>STEAM ROOM / BATH</td>
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<td>TATTOO REMOVAL (Laser)</td>
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<td>HIGH FREQUENCY</td>
<td>THERMA VEIN</td>
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<td>HOLISTIC MASSAGE</td>
<td>THERMO AURICULAR (Hop ear Candles) with massage</td>
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<td>HOMEOPATHY</td>
<td>THERMO AURICULAR (Hop ear Candles) no massage</td>
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<td>HOPI EAR CANDLES (with massage) (see Thermal Auricular)</td>
<td>THREADING</td>
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<td>HOPI EAR CANDLES (without massage)</td>
<td>TONGUE SPLITTING</td>
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<td>HUO LIAO (see Fire Therapy)</td>
<td>THRICHIOLOGY with massage</td>
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<td>HYALURONIC ACID (Cosmetic Fillers)</td>
<td>THRICHIOLOGY without massage</td>
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<td>INFRA RED</td>
<td>ULTRA VIOLET TANNING</td>
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<td>INVERSION THERAPY</td>
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**ADDITIONAL INFORMATION**
### SECTION H

**CHECKLIST**

Please provide copies of the items below with your application

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<th>Item</th>
<th>YES / NO</th>
<th>Item</th>
<th>YES / NO</th>
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<tr>
<td>Floor Plans</td>
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<td>Customer Vetting Card</td>
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<tr>
<td>Treatment Price List</td>
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<td>Gas Certificate</td>
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<tr>
<td>Trade Waste Agreement*</td>
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<td>Clinical Waste Contract*</td>
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<td>Trade Waste Agreement*</td>
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<td>PAT Certificate*</td>
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<td>Public Liability Insurance*</td>
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<td>Fixed Wiring Certificate</td>
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<td>Public Liability Insurance*</td>
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<td>Employers Liability Insurance*</td>
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<td>Copy Lease/Freehold</td>
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<td>Fire Risk Assessment*</td>
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<td>Fire Alarm Method/Certificate</td>
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<td>Fire Extinguisher Certificate*</td>
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<tr>
<td>Emergency Lighting Certificate</td>
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<td>All Therapist(s) Qualifications</td>
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<td>Application Sent to Police</td>
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<td>Application Sent to Fire Service</td>
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<td>2 x Passport Sized Photos</td>
<td>YES / NO</td>
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*If above documents are still in date upon renewal, please indicate the expiry date of each.*

### SECTION I

**DECLARATION**

I/We hereby declare that the particulars given below are true to the best of my/our knowledge and belief.

<table>
<thead>
<tr>
<th>Item</th>
<th>YES / NO</th>
<th>Item</th>
<th>YES / NO</th>
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<tbody>
<tr>
<td>Fee Paid</td>
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<td>Application is true</td>
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<tr>
<td>Supporting documents true</td>
<td></td>
<td>I have read the Privacy Notice</td>
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Applicant Name (Printed)    Applicant Signature Date

ST/01/08/18
## TRANSFER CONSENT FORM

### BUSINESS PREMISES

<table>
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<tr>
<th>Trading Name</th>
<th>Address</th>
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<table>
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<tr>
<th>Contact Name</th>
<th>Business Tel</th>
<th>Mobile</th>
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<table>
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<tr>
<th>Email Address</th>
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### DECLARATION

I/We hereby declare that I/we hold no further interest at these premises and consent is being given for the licence to be transferred.

<table>
<thead>
<tr>
<th>Date of transfer</th>
<th>Application is true</th>
<th>YES / NO</th>
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<th>Signature(s)</th>
<th>Date</th>
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</table>

ST/01/08/18
If more than one therapist / operative is exempt, please print more copies of this section. Evidence of the exemption is required to be sent to the Council to verify this registration.

<table>
<thead>
<tr>
<th>Trading Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td></td>
</tr>
<tr>
<td>Business Tel</td>
<td>Mobile</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Website Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Premises Under Construction</th>
<th>YES / NO</th>
<th>Number of floors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are Premises Commercial</td>
<td>YES / NO</td>
<td>Are Premises Residential</td>
<td>YES / NO</td>
</tr>
<tr>
<td>Are premises Shared</td>
<td>YES / NO</td>
<td>Are you renting a chair/space</td>
<td>YES / NO</td>
</tr>
<tr>
<td>If Shared, with who else</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Exempt Organisation | Member Number | |
|---------------------|----------------|

| Treatment(s) being offered on premises | Treatment(s) covered under exemption | |
|----------------------------------------|--------------------------------------| |

| Exempt From Date | Exempt To Date | |
|------------------|----------------|

**DECLARATION**

I/We hereby declare that the particulars given below are true to the best of my/our knowledge and belief.

<table>
<thead>
<tr>
<th>Application is true</th>
<th>YES / NO</th>
<th>Supporting documents true</th>
<th>YES / NO</th>
</tr>
</thead>
</table>

| Applicant Name (Printed) | Applicant Signature | Date |
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If you require any assistance with the completion of this form please contact the Licensing Team on 0208 760 5466

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Licence from .................................. Licence Fee ......................................................
Receipt No ..............................................