

Application for the TRANSFER of a special treatment establishment licence

London Local Authorities Act 1991 (as amended)

Please read the following instructions first

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You must answer all questions on this application form. A failure to provide answers all relevant questions will result in your application being deemed incomplete and returned to you. No licence will be granted until the London Borough of Camden is satisfied that the information provided on this application is accurate.

You may wish to keep a copy of the completed form for your records.

Please email your completed application and supporting document to licensing@camden.gov.uk

Licensing Team Public Protection
London Borough of Camden
8th Floor 5 Pancras Square
London
N1C 4AG

If you have any queries or require assistance completing this application please e-mail licensing@camden.gov.uk

Payment: The applicant must provide a telephone number, we will then call to collect the application fee over the phone.

Please note: Evidence of any statements made in this application with regard to the premises concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, enforcement action may be taken and you could be fined up to £2500.

For office use
Date received:
Receipt number:
Reference number:

Please turn over to begin application

Part one: details of the licensed premises

Premises name			
Postal address of premises to be licensed			
Post Town		Postcode	
E-mail address		Telephone number	

Part two: new license holder details

1. Individual	Name:	
	Address:	
	Post code:	
	Telephone:	
	Email:	
2. Company/Partnership	Name:	
	Address:	
	Post code:	
	Telephone:	
	Email:	
	Company number: (as listed with Companies House)	
	Company Secretary:	
Company Directors:		

Part three: please provide details of named person(s) responsible for the management of the premises in the absence of the license holder.

1.	Name			
	Job Title			
	Address			
	Post code		Telephone	
Email				

Part four: what is your (the license holder) interest in the property (please tick)

Freeholder	<input type="checkbox"/>	Leaseholder	<input type="checkbox"/>	Tenant	<input type="checkbox"/>
Other (please state)					

Part five: details of previous/other applications

1.	Does the proposed license holder hold a special treatment premises licence anywhere else in the London Borough of Camden or elsewhere in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	If 'yes', please provide details _____ _____ _____ _____
3.	Has the proposed license holder ever been refused a special treatment premises license anywhere else in the London Borough of Camden or elsewhere in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	If 'yes', please provide details _____ _____ _____ _____

Part six: convictions

Any person, who has been convicted of any indecent or immoral act, or act of violence, shall not, except with the written consent of the Council, be employed or used in the conduct of the establishment.

Has the proposed license holder (whether an individual or any person associated with the limited company applying for this license), within the period of five years immediately preceding this application, been convicted of an offence under London Local Authorities Act 1991?

Yes No

If 'yes' please provide details: _____

Has any person working at the premises within the period of five years immediately preceding this application, been convicted of an offence under the London Local Authorities Act 1992?

Yes No

If 'yes' please provide details: _____

Part seven: signature of applicant

Please provide a signature of proposed licence holder, or duly authorised person to sign on behalf of the proposed licence holder. If signing on behalf of the proposed licence holder, please state in what capacity you are signing (i.e. solicitor, authorised agent etc).

By signing here the proposed licence holder acknowledges that they have received a copy of the standard conditions applicable to a special treatment establishment licence within the London Borough of Camden, and declare that the information given within this application form, to the best of their knowledge, is true and complete in every respect. They agree to abide by these conditions in the event of the application for a special treatment establishment licence being successful.

Signature		
Date		
Correspondence details	Address:	
	Post code:	
	Telephone number:	
Email address:		
Capacity in which signing		

Part eight: other things that you must do for your application to be considered

As well as completing this application, you must provide certain other information for your application to be considered. These are:

<p>Proof that you have sent a copy of this application to the Police and Fire Authority</p>	<p>In order for your application to be approved you must notify the Metropolitan Police and London Fire and Emergency Planning Authority (LFEPA) of this application, as required by section 7 (1) of the London Local Authorities Act 1991. You should include a copy of this application and any floor plans/safety certificates with your correspondence</p> <p>Contact details:</p> <p>Metropolitan Police: Licensing Unit, Room 1.22, Kentish Town Police Station, 12a Holmes Rd, London, NW5 3AE</p> <p>LFEPA: Fire Safety Regulation, South West Area 4, 169 Union Street, London, SE1 0LL</p> <p>Please provide proof to us that the Metropolitan Police and LFEPA have been sent a copy of this application and its required additional documentation.</p>
<p>Fee</p>	<p>Please ensure that you have provided the correct contact details for the fee.</p> <p>A list of fees has been included with this application form and is also available by visiting www.camden.gov.uk or contacting the Customer Support Team on 020 7974 4444, or e-mail licensing@camden.gov.uk</p>

Part nine: checklist

1	The application form has been fully completed, signed, and dated	<input type="checkbox"/>
2	I have provided contact details to be contacted for the fee required.	<input type="checkbox"/>
3	I have enclosed proof that I have notified the Metropolitan Police and LFEPA of this application	<input type="checkbox"/>

Part ten: data protection

The information on this application will be used by the London Borough of Camden for the purposes of Special Treatment Licensing and related purposes. The application form may be examined on request by a member of the public. This information may be disclosed to the police, fire authority, and other Council Departments.