

# London Local Authorities Act 1991



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Application for the TRANSFER of a Special Treatment Licence

Please ensure that your answers are typed in black. Some text boxes may have a limit on the number of characters. Where necessary please use additional sheets and upload them with your form.

**ALL FIELDS MARKED IN RED ARE MANDATORY AND MUST BE COMPLETED.**

Before submitting your application please save a copy to your desk top. Please ensure that you provide a valid email address.

**I/we apply for the transfer of the special treatment licence for the premises named in Section 1**

<b>1</b>	<b>Premises Address</b>	
	Trading Name	
	Full Address	
	Telephone No	
	<b>Main contact details at the premises (if any)</b>	
	Name	
	Contact Number	
	Email address	

<b>2</b>	<b>Please state the capacity in which you are applying</b>	
	Individual or Individuals	<input type="checkbox"/> please complete <b>(Section 3)</b>
	A Company	<input type="checkbox"/> please complete <b>(Section 4)</b>
<b>3</b>	<b>To be completed ONLY if you are applying as an individual(s)</b>	
	<b>Title</b>	Mr    Mrs    Miss    Ms    Other
	Surname	
	Forenames	
	<b>Full Home address</b>	
	<b>Contact Details</b>	
	Daytime	
	Mobile (Optional)	
	Email address	

<b>3</b>	<b>Cont. Additional individual applicant</b>	
	<b>Title</b>	Mr    Mrs    Miss    Ms    Other
	Surname	
	Forenames	
	<b>Full Home address</b>	
	<b>Contact Details</b>	
	Daytime	
	Mobile (Optional)	
	Email address	
<b>4</b>	<b>To be completed ONLY if you are applying as a Company</b>	
	Company Name	
	Full address	
	Company Number	
	Description of company <i>i.e limited or partnership</i>	
	Telephone Number	
	E-mail	
<b>5</b>	What is, or will be, the applicant's interest in the premises (i.e. lessee, tenant etc) A copy of the agreement to occupy (i.e. lease/tenant agreement, must be submitted with the application form) (See rule 4)	
<b>6</b>	Has the applicant(s) or if the applicant is a limited company has any director, or any person concerned in the conduct or management of the premises ever been convicted of an offence?	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>If <b>Yes</b>, please provide details of the offence, the date of conviction, and the sentence on a separate sheet. (<i>spent convictions do not need to be declared</i>)</p>

**CHECK LIST**

- A. I have enclosed the required fee for the Transfer of the licence.
- B. I have enclosed the application form which is fully completed, signed and dated.
- C. I have enclosed the recorded delivery slips notifying the Metropolitan Police and London Fire and Emergency Planning Authority of the application.
- D. I have enclosed a copy of the lease/tenant agreement
- E. I have sent a copy of the application to the current licensee

**7 SIGNATURES**

Signature of applicant, or applicant's solicitor, or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity

**I declare that the information contained in this form is correct to the best of my knowledge and belief. (it may be offence under the Fraud Act 2006 to make a false declaration or fail to disclose information in order to gain a licence)**

Signature

Print Name

Capacity

Date

Address to be used for correspondence

City/Town

Post Code

Email address

**Data Protection:** This information will be used by the Royal Borough of Kensington and Chelsea 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; to comply with financial regulations, details of licence holders are also disclosed to the Inland Revenue.

The completed form should be returned to Royal Borough of Kensington and Chelsea, Licensing Team, Council Offices, 37 Pembroke Road, London, W8 6PW. Tel: 020 7341 5152

**Now save your form and upload here**