

London Local Authorities Act 1991

Application for the VARIATION of a Special Treatment Licence



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

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 hereby apply to vary a Special Treatment Licence at

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

2	Please state the capacity in which you are applying	
	Individual or Individuals	<input type="checkbox"/> please complete (Section 3)
	A Company	<input type="checkbox"/> please complete (Section 4)

3	To be completed ONLY if you are applying as an individual(s)					
	Title	Mr	Mrs	Miss	Ms	Other
	Surname					
	Forenames					
	Full Home address					
	Contact Details					
	Daytime					
	Mobile (Optional)					
	Email address					

4	Company Details	
	Company Name Full address	
	Company Number	
	Description of company <i>i.e. limited or partnership</i>	
	Telephone Number	
	E-mail	
5	Please describe briefly the nature of the proposed variation.	
6	Please list the proposed treatments that you wish offer at the premises (Please note: we require the actual description of treatment that you wish to provide, rather than the product or brand name of the treatment).	
7	Proposed change of trading hours.	
8	Proposed additional number of treatment rooms (including manicure/pedicure areas, saunas, steam rooms, tanning booth, etc). Please enclose a copy of the plans.	

CHECK LIST

- A. I have enclosed the required fee for variation and, where applicable, each additional treatment area.**
- B. The application form has been fully completed, signed, and dated.**
- C. I have enclosed the plan of the premises (if required).**
- D. I have enclosed the recorded delivery slips notifying the Metropolitan Police and London Fire and Emergency Planning Authority of the application.**
- E. I have enclosed a current price list of the treatments on offer at the premises.**

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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

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