

FOR OFFICE USE ONLY

Fee Received £
 Receipt No.
 Date Acknowledged
 Officer



Haringey Council

APPLICATION FOR A NEW SPECIAL TREATMENT LICENCE

Please read the notes "Information for Applicants" from ST7 before completing this application

I/ we apply for a licence for the premises named at item 2 below.

Please complete in CAPITAL letters and black ink/biro

1.	Full names and private address of applicant/s (see rule 4 of ST3)	Name _____ Private Address _____ _____ Telephone No (during office hours) _____ Company Name _____ Address _____ _____
	If the applicant is made by an individual on behalf of a limited liability company, please give the company name and address of the registered office, and complete ST8	
2.	Name and address of the premises	Name _____ Address _____ _____ Telephone _____
3.	Please supply the full name and private address of the person responsible for the management of the establishment, if different from the applicant	Name _____ Address _____ _____ Telephone _____

IMPORTANT NOTE: THIS APPLICATION IS OPEN TO INSPECTION BY THE PRESS AND THE PUBLIC AND A COPY WILL BE SENT TO ANY OBJECTORS AND INTERESTED PARTIES

4.	A) Is it proposed to employ staff at the premises? B) If yes state numbers	A) <input type="checkbox"/> YES <input type="checkbox"/> NO B) _____ Female _____ Male
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5.	<p>A) What is the legal title of the applicant/s to occupy the premises (e.g. freehold, Leasehold ect)?</p> <p>B) If leasehold please provide details of the name and address of the landlord</p>	<p>A) _____</p> <p>B) Name _____</p> <p>Address _____</p> <p>_____</p>
6.	<p>What parts of the building is it proposed to use under the licence (e.g. basement, ground floor ect)?</p>	<p>_____</p> <p>_____</p>
7.	<p>What treatments will be given in each category (see paragraph 3 of ST 7)?</p> <p>A) Class 1</p> <p>B) Class 2</p> <p>C) Class 3</p> <p>D) Class 4</p>	<p>A) _____</p> <p>_____</p> <p>_____</p> <p>B) _____</p> <p>_____</p> <p>_____</p> <p>C) _____</p> <p>_____</p> <p>_____</p> <p>D) _____</p> <p>_____</p>
8.	<p>Is it intended to give treatment to both sexes or to men or women only?</p>	<p><input type="checkbox"/> Both Sexes <input type="checkbox"/> Women Only <input type="checkbox"/> Men Only</p>
9.	<p>A) Do you propose to undertake a visiting Special</p>	<p>A) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
10.	<p>Treatment service either from these premises or elsewhere?</p> <p>A) If else where state the address/es concerned</p> <p>B) Will those employed in such visits also give treatments on these premises?</p>	<p>A) Address/es _____</p> <p>_____</p> <p>_____</p> <p>B) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

11.	<p>Address of any Special Treatment premises in which the applicant or the company has had an interest.</p> <p>The nature and extent of such interest either as:</p> <p style="padding-left: 20px;">A) Owner or director of owning company</p> <p style="padding-left: 20px;">Or</p> <p style="padding-left: 20px;">B) Employee</p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p>A) _____</p> <p>B) _____</p>
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- 12. Detail of previous convictions, disqualifications ect. In respect of the persons or bodies that are named in response to questions 1 and 3. All previous convictions should be provided (with the exemption of traffic offences). If necessary please provide details on a separate sheet.**

	Forename	Surname	Former name (if any)	Date of Conviction	Place of Conviction	Nature of Offence	Sentence

- 13. List each person who will be giving treatment, the treatment they are to provide and their qualifications to give that treatment.**

<u>NAME/ ADDRESS/ CONTACT NUMBER</u>	<u>TYPE OF TREATMENT</u>	<u>QUALIFICATION</u>
<p>Name:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone:</p> <p>_____</p>		

	<p>Name: _____</p> <p>Address: _____ _____ _____ _____</p> <p>Phone: _____</p>		
	<p>Name: _____</p> <p>Address: _____ _____ _____ _____</p> <p>Phone: _____</p>		
	<p>Name: _____</p> <p>Address: _____ _____ _____ _____</p> <p>Phone: _____</p>		
	<p>Name: _____</p> <p>Address: _____ _____ _____ _____</p> <p>Phone: _____</p>		
	<p>Name: _____</p> <p>Address: _____ _____ _____ _____</p> <p>Phone: _____</p>		

CONTINUE ON A SEPARATE SHEET IF NECESSARY

14.	Public Consultation Notice in window? Notice in newspaper?	<input type="checkbox"/> YES <input type="checkbox"/> NO (if yes return Form ST12) <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes provide copy of advert- see ST11)
15.	<p>State the lawful planning use of the premises and provide the supporting documentary information (for further information contact the Borough Planning Officer on 020 8489 1000).</p> <p>If the premises do not have planning permission for use to provide Special Treatments please answer the following:</p> <p>A) Is planning permission being applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B) Does the premise have a certificate of lawful use? <input type="checkbox"/> YES (If yes please provide document) <input type="checkbox"/> NO</p> <p>C) If you have answered 'NO' to either of the above questions please provide further details you consider relevant concerning the use of the premises.</p> <p>IF YOU DO NOT HAVE LAWFUL PLANNING USE YOUR APPLIACION WILL NOT BE CONSIDERED.</p>	
16.	<p>Fee enclosed with this application £_____</p> <p>Cheques should be made payable to 'THE LONDON BOROUGH OF HARINGEY'. Cash should not be sent through the post.</p>	
17.	<p>Declaration I hereby declare the information contained in this application is true to the best of my knowledge. I understand that it is an offence to knowingly make a false statement in connection with this application.</p> <p>Signature of applicant/s or applicant's solicitor or other duly authorised agent:</p> <p>_____</p> <p>_____</p> <p>Date: _____</p> <p>Telephone Number _____</p> <p>In the case of a partnership each partner should sign. If signing on behalf of the applicant, please state in what capacity you are acting.</p>	
18.	<p>Address to which licence/ correspondence should be sent.</p> <p>_____</p> <p>_____</p>	

Please note application and supporting documentation should be returned to:
Daliah Barrett -Lead Licensing Officer
Licensing Team
Units 271-272, Lee Valley Technopark, Ashley Road, Tottenham, London N17 9LN

Telephone: 020 8489 8232 Fax: 020 8489 5133