

**FOR OFFICE USE ONLY**

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 Receipt No.  
 Date Acknowledged  
 Officer



**Haringey** Council

## APPLICATION FOR AN OCCASIONAL 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**

<b>1.</b>	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
<b>2.</b>	Name and address of the premises	Name _____  Address _____  Telephone _____
<b>3.</b>	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**

<b>4.</b>	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>Please give the date you propose to undertake Special Treatment</p>	<p>_____</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>_____</p> <p>B) <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>

<b>11.</b>	<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>Address: _____</p> <p>_____</p> <p>_____</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>		
	<p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Phone: _____</p>		

CONTINUE ON A SEPARATE SHEET IF NECESSARY

<b>15.</b>	<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><b>IF YOU DO NOT HAVE LAWFUL PLANNING USE YOUR APPLIACTION WILL NOT BE CONSIDERED.</b></p>
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<b>16.</b>	<p>Fee enclosed with this application    £ _____</p> <p>Cheques should be made payable to 'THE LONDON BOROUGH OF HARINGEY'.</p> <p>Cash should not be sent through the post.</p>
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<b>17.</b>	<p><b>Declaration</b> I/we 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><b>Signature of applicant/s or applicant's solicitor or other duly authorised agent:</b></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>
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<b>18.</b>	<p><b>Address to which licence/ correspondence should be sent.</b></p> <p>_____</p> <p>_____</p>
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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