



Haringey Council

FOR OFFICE USE ONLY

Fee Received £
Receipt No.
Date Acknowledged
Officer

**APPLICATION FOR VARIATION OF AN ANNUAL
SPECIAL TREATMENT LICENCE**

I/We apply for variation of the annual special treatment licence at present in force at the premises named in item 2 below:

Please complete in CAPITAL letters and black ink/ biro

1.	(a) Licensee's name(s):	
	(b) Licensee's surname:	
	(c) Licensee's private residential address:	
	(d) Postcode:	
	(e) Daytime telephone number:	
2.	(a) Name of the premises:	
	(b) Address of the premises:	
	(c) Postcode:	
	(d) Telephone number:	
3.	(a) Do you want to increase the number of therapists working at any one time?	<input type="checkbox"/> YES (if yes, please complete 3 (b) & 4 (a)) <input type="checkbox"/> NO (if no, please go to 4.)
	(b) How many additional persons do you want to employ?	
4.	Do you wish to add or replace therapist/s to your current licence?	<input type="checkbox"/> YES (if yes, please complete 4 (a)) <input type="checkbox"/> NO (if no, please go to 5.)
	(a) Please give details: Name and Address	Type of Treatments & Qualifications

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5.	(a) Do you want to vary the class of the special treatment licence?	<input type="checkbox"/> YES (if yes, please complete 5 (b)) <input type="checkbox"/> NO (if no, please go to question 6)
	(b) Please give details:	
6.	(a) If Question 3 or 4 is not applicable the variation you want. Please give details of the variation requested:	
	(b) Please give your brief reasons for this request:	

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

Signed:Date:

Please enclose your original licence and fees due with this application and return 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