

TO: LICENSING OFFICER  
METROPOLITAN POLICE



PARTICULARS RELATING TO AN APPLICATION UNDER THE LONDON LOCAL  
AUTHORITIES ACT 1991  
FOR A SPECIAL TREATMENT LICENCE

|     |  |  |
|-----|--|--|
| 1.  | Name and address of premises                                   |  |
| 2.  | Applicant's full name  |  |
| 3.  | Applicant's maiden name (if any)                               |  |
| 4.  | Applicant's Address and telephone No.                          |  |
| 5.  | Applicant's date of birth and height                           |  |
| 6.  | Applicant's place of birth                                     |  |
| 7.  | Present occupation (if an alien, Registration Certificate No.) |  |
| 8.  | Applicant's husband/wife's full name                           |  |
| 9.  | Applicant's husband/wife's maiden name                         |  |
| 10. | Applicant's husband/wife's date of birth and height            |  |
| 11. | Applicant's husband/wife's place of birth                      |  |
| 12. | Position of applicant e.g. owner, manager etc.                 |  |

13. Details of any previous licence/s held and the name and address of the

**premises involved**

| From | To | Address | Type of Licence |
|------|----|---------|-----------------|
|      |    |         |                 |
|      |    |         |                 |
|      |    |         |                 |
|      |    |         |                 |

**14. Details of places of residence during the past year**

| From | To | Address | Name and address of person/s who can verify information |
|------|----|---------|---|
|      |    |         |   |
|      |    |         |   |
|      |    |         |   |
|      |    |         |   |
|      |    |         |   |

**15. Details of places of business/employment during the past year**

| From | To | Address | Name and address of person/s who can verify information |
|------|----|---------|---|
|      |    |         |   |
|      |    |         |   |
|      |    |         |   |
|      |    |         |   |

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please send form to:

Metropolitan Police Service  
 Licensing  
 Quicksilver Patrol Base  
 Quicksilver Place  
 Western Road  
 Wood Green  
 N22 6XH

Tel: 0203 376 0149