



**Special Treatment Licence - Consent of Premises Manager
Part II of the London Local Authorities Act 1991**

Before completing this form please read the guidance notes at the end of the form; and if you are completing this form by hand please write **CLEARLY**, in block capitals and using **BLACK** ink.

1) The Premises Manager

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Forename/s:		
Surname:		
Home Address:		
Post Code:		
Home Telephone Number:	Personal Mobile Number:	
Email:		
National Insurance Number:		
Date of Birth:	Place of Birth (Town & Country e.g. Hounslow, UK):	

2) Details of the Premises at which the Special Treatments will be provided

Trading Name:		
Address:		
Post Code:		
Telephone Number of Premises:	Premises Email:	
Premises (business) web site address:		

3) Convictions

Have you been convicted in the last five years, of an offence under Part II of the London Local Authorities Act 1991?

Please Tick: YES NO

If yes, please provide the name of each person convicted, the offence for which they were convicted, the date of the conviction, the sentence imposed and the name and the location of the convicting court:



4) Consent

In consenting to be the 'Premises Manager' I understand that if the premises are used as an establishment for special treatment otherwise than in accordance with the terms, conditions or restrictions on or subject to which the licence is held, then I, as a person concerned in the conduct or management of the premises, shall be guilty of an offence and liable on summary conviction to a fine not exceeding level 4 on the standard scale.

Signed.....Dated.....

Print Name.....