

LONDON BOROUGH OF MERTON

ENVIRONMENT & REGENERATION DEPARTMENT
LONDON LOCAL AUTHORITIES ACT 1991

APPLICATION TO ADD FURTHER TREATMENTS TO A SPECIAL TREATMENT LICENCE

In accordance with the requirements of Part II of the above Act application is hereby made to add further treatments to the existing licence.

TRADING NAME:

ADDRESS & POSTCODE:

TEL NO

NUMBER OF PERSONS THAT CAN BE
TREATED AT ANY ONE TIME WITHIN THE PREMISES: []

Opening Hours – *State Days and Hours required to be open:*

Name & Address of Applicant *(Please Print details clearly)*

New treatments intended to be offered:

I/We declare that the above particulars are true to the best of my/our knowledge and understanding and that no changes have been made to the premises since last inspected.

(If changes have been made you must include a new plan of the whole premises).

I/we enclose a cheque for the fee of **xxxxxx** made payable to the London Borough of Merton

I/we have clearly marked the back of the cheque with the reference **G00740 RB71**.

Signed Date

(Position if signing on behalf of a Company)

**COMPLETE THIS PAGE ONLY IF CHANGES OF MANAGEMENT HAVE BEEN
MADE IN THE PREVIOUS 12 MONTHS.**

APPLICANT DETAILS

(INDIVIDUAL OR PARTNERSHIP)

Surname	Forenames	Private Address and Postcode

Have any of the applicants been convicted under Part II of The London Local Authorities Act 1991 within the previous 5 years? **Yes / No**

If "YES" please give details:

I/We declare that the above particulars are true to the best of my/our knowledge and understanding and that no changes have been made to the premises since last inspected.

(If changes have been made you must include a new plan of the whole premises).

Signed

Date

NB: Do not complete a Qualifications form if those persons giving treatments have already been notified to the Council.

LONDON BOROUGH OF MERTON

LONDON LOCAL AUTHORITIES ACT 1991 - SPECIAL TREATMENT PREMISES

Details of persons proposing to provide special treatments.

- 1 Full Name:

- 2 Name & address of establishment:

- 3 Type of treatments to be given:

- 4 State Qualifications for each treatment specified:

- 5 Period of practical training in respect of treatments shown in 4 above:

- 6 Practical experience in the administration of treatments specified. Give dates and where obtained:

I declare that to the best of my knowledge the above particulars are true.

Signature:

Date:

Personal Information Policy

The Council will use your details, the information about your dealings with the Council and the information about you available to the Council (“your information”) to:

- ♦ deal with your requests and administer its departmental functions in the processing of your application;
- ♦ meet its statutory obligations;
- ♦ prevent and detect fraud;
- ♦ conduct surveys and research.

The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other Departments within the Council (including the elected members), central government Departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.