

STR38

London Local Authorities Act 1991 APPLICATION FOR TRANSFER OF LICENCE A SPECIAL TREATMENTS LICENCE

(PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS)

SECTION 1 – THE PREMISES

Trade name or title o	of premises:
Full address of prem	ises:
	Telephone No:
	ress of present owner/licensee (if a partnership of
company please ent	er details of <u>all</u> partners or directors):
	Postcode:
	Postcode:

		Postco	de:		
Telephone:					
Email:					
Will the premises by Please delete as app		nagement cor	ntrol of the	new lice YES	nse
If NO please give d	etails of manage	er/person in co	ontrol of th	e premis	es:
Name of person(s)	currently holdin	g the freehold	d of the pre	mises:	
Address of person(s) currently holo	ling the freeh	old of the p	remises:	

(h)	Will the freehold of the premises change on transfer of the <i>Please delete as appropriate:</i>		e licence?			
			YES		NO	
	If YES please give details of new/proposed freeholder: Name:				-	
	Address:					
NOTE	If a partnership or Ltd company, please give details of all directors. (<i>Please continue on another page if necessary</i>).	par	tners	or	-	
					-	
					_	
(j)	Is the business held under lease? Please delete as appropria	te.	YES	S I	NO	
	If YES does the leaseholder have the authority to undertak repairs/works which may be required under the licence? <i>Please delete as appropriate.</i>	e	YES	S 1	NO	
	If NO who is responsible for authorising repairs/works relicence?:	∍qu	ired (unde	r the	
(k)	What part/s of the building are/is proposed to be tran licence?	sfer	red u	unde	r the	
					-	
(d)	I/We enclose form DOC01 Declaration of Convictions in respection named except current licence holders and freehold	•		every Yes		
(1)	I/We undertake to make payment upon receipt of an London Borough of Redbridge. (Payment MUST NOT be enclosed with this application)			from	the	

SECTION 2: DECLARATION OF CURRENT LICENSEE

I / We (full name(s) of proposed licensee(s))
Of (full address of current licensee(s))
being the current holder(s) of the Special Treatment Licence for the premises known as:
acknowledge, agree and give our consent for such licensee held in my/our name(s) to be transferred to the applicant(s) whose name is given at section (d) of this application and that I/we will cease to have any interest in the terms of such licence.
Signature of current licence holder(s). (PLEASE PRINT NAME BESIDE SIGNATURE(S))
DATE:

SECTION 3: DECLARATION OF PROPOSED LICENSEE

I / We (full name(s) of proposed licensee(s)
I / We give my / our consent for details on this form to be divulged to the police and other outside agencies relevant to this application.
I / We hereby declare that I / We have not been refused or have a / any convictions under any previous application for a licence for a Special Treatment premises.
I / We declare that the particulars given above are true to the best of my / our knowledge.
Signature of applicants(s). (PLEASE PRINT NAME BESIDE SIGNATURE(S))
DATE:
Address to which communications are to be sent if different to the address of the premises or home address given:
Email:

ALL CORRESPONDENCE TO BE RETURNED TO:

London Borough of Redbridge, Licensing Service, 2nd Floor, Lynton House, 255-259 High Road, Ilford, Essex IG1 1NY

Information provided in this application will be held on our computers and manual records. It will be used to assess your application and may be shared with other departments within the London Borough of Redbridge, The Metropolitan Police, The London Fire & Emergency Planning Authority, sub-contractors contracted to provide any support, administration or similar service and any other parties we are required to consult. It may be disclosed where required by law or in connection with legal or regulatory proceedings. Where the public are entitled to object to a licence or we are required to maintain a public register details of licences & applications may be published on the Council's website.