

STR37

**LONDON LOCAL AUTHORITIES ACT 1991 PART II
APPLICATION FOR VARIATION OF A SPECIAL TREATMENT LICENCE**

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

- (a) **Trade name or title of premises** _____
- (b) **Full address of the premises** _____

_____ **Post Code** _____
- (c) **Telephone No. (Business)** _____ **(Other)** _____
- (d) **Name or applicant** _____
- (e) **Address of the applicant** _____

_____ **Post Code** _____
- (f) **Telephone No. (Business)** _____ **(Other)** _____
- (g) **Please Specify In Full The Variation of Licence Required** _____

- (h) **Where the variation relates to additional treatments please complete the following.**

STAFF NAME	TREATMENTS GIVEN	Completed (tick)	
		STR02	DOC01

Note : You will be invoiced separately by our Income Section for the fee.

Signed:

Date:

This form should be completed and returned to:

London Borough of Redbridge, Licensing Service, 10th Floor Lynton House 255-259 High Road, Ilford, Essex, IG1 1NN

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.