

Request for a Reduced Fee for a Special Treatment Licence

Part II of the London Local Authorities Act 1991

Please send completed form to licensing@sevenoaks.gov.uk

Our contact telephone number is 01732 227004.

This form has 3 pages.

Type and date of application this 'Reduced Fee Request' Accompanies

<input type="checkbox"/> Provisional Grant	<input type="text"/>	Date
<input type="checkbox"/> Grant	<input type="text"/>	Date
<input type="checkbox"/> Renewal	<input type="text"/>	Date
<input type="checkbox"/> Variation Confirmation of Provisional Licence	<input type="text"/>	Date

Applicant/Licence Holder

Individual or Partnership. (If more than 2 Partners please provide this information for each additional Partner on a separate sheet)

Title (Partner 1)	<input type="text"/>	Title (Partner 2)	<input type="text"/>
First name	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Last name	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>

Limited company

Name of company

Telephone number

Premises

Trading name

Address

Post code

Main use/purpose of premises

Licence number (if applicable)

Type 'Category C' Special Treatment

Treatment. (e.g. massage, manicure (includes false nails), pedicure, chiropody, vapour, sauna or other baths, ear piercing and tanning using UV light)

Note: pedicure and manicure are two separate treatments and are not classed as a single Category C treatment

Declaration

This declaration must be signed by the licence holder/applicant. In respect of Partnerships, any Partner can sign. The Company Secretary or any Director may sign on behalf of a Limited Company.

Tick to confirm

Signed

Print name CAPITALS

Date

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