

FOR OFFICIAL  
USE ONLY

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Issued date:

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## LONDON BOROUGH OF WALTHAM FOREST

### LONDON LOCAL AUTHORITIES ACT 1991

#### APPLICATION TO ADD ADDITIONAL OPERATORS TO AN EXISTING SPECIAL TREATMENT LICENCE

To: London Borough of Waltham Forest  
**Licensing Services** Public Control  
Town Hall, Fellowship Square  
Walthamstow  
London E17 4JF

1. I/We hereby apply to the London Borough of Waltham Forest to  
Licence additional operators to the following premises under the Act  
:-

Business Name : .....

Address : .....

Tel. No : .....

2. I/We hereby declare :-

that this application and all supporting documents (including  
references) are true, and is made knowing that if a licence is  
granted, or renewed, it may be revoked if anything has been wilfully  
stated in this application which I/We know to be false or do not  
believe to be true.

3. I/We have made payment online for £ ..... being the  
prescribed application fee. Payment reference number:  
..... **(Please note an administration  
charge will be made if this application is unsuccessful).**

4. Date: .....

Signed (1) ..... (2) .....

**B. STAFF WHO WILL CARRY OUT TREATMENTS IF OTHER THAN THE LICENSEE(S):**  
 Forenames (in full) and Surname(s)

If more than two staff please give details on a separate sheet.

Mr/Mrs/Miss:	Date of Birth:
Home Address:	Post Code:
Tel. No:	Email:
Place of Birth:	Nationality:
If Company – Name of Company:	
Principle Office Address:	
Position held:	Signature:
Qualifications held to give relevant treatments (original documentary confirmation will be required).	
<b>Treatments qualified and certificated to carry out</b> (only list treatments carrying out, which are listed as special treatments):	

Mr/Mrs/Miss:	Date of Birth:
Home Address:	Post Code:
Tel. No:	Email:
Place of Birth:	Nationality:
If Company – Name of Company:	
Principle Office Address:	
Position held:	Signature:
Qualifications held to give relevant treatments (original documentary confirmation will be required).	
<b>Treatments qualified and certificated to carry out</b> (only list treatments carrying out, which are listed as special treatments):	

**Note:** Two identical full-face passport size photographs (taken within the previous 12 months) of all persons who will be giving treatments must be supplied with this form. Each photograph should be endorsed with the date on which it was taken, bear the name in block capitals of the person whose likeness it bears, and be signed by the applicant.

**The Councils Licensing Officers are there to help you. If you have any difficulty with this form, please talk to them. You may telephone them on: 020 8496 3000 during office hours.**