SPECIAL TREATMENTS PREMISES

London Local Authorities Act 1991 – Part II

# **CONSENT TO THE TRANSFER OF A SPECIAL TREATMENTS PREMISES LICENCE**

I/We

[Full name of licence holder(s)]

**the holder of special treatments premises licence number**

[insert premises licence number]

**held in respect of**

|  |
| --- |
| Premises Name: |
| Full Address: |

**give my consent for the transfer of the licence to**

…………………………………………………………………………………………………………………………………………………………………………………………………………………...

[Full name of transferee]

**Signature** ………………………………………………………………………….…………………….

**Date** ……………………………………………………….…………………………………………