**FOR DISPLAY TO THE PUBLIC ON OR NEAR THE PREMISES**

**LONDON BOROUGH OF TOWER HAMLETS**

**London Local Authorities Act 1991**

**Special Treatments Licence**

**NOTICE OF APPLICATION**

**1) Address of premises ........................................................................................................................**

**........................................................................................................................**

**2) Applicants name and address**

**........................................................................................................................**

**TAKE NOTICE that I/we the above-named being occupier(s) owner(s) of the above premises have this day applied to the Council of the London Borough of Tower Hamlets for the above premises to be licensed under the above Act for the following SPECIAL TREATMENT**

**.........................................................................................................................**

1. **Any person WISHING TO OBJECT to my application should do so by giving notice in writing stating in general terms the grounds of objection to:**

**Food Safety and Health & Safety, Regulatory Services (Commercial)**

**London Borough of Tower Hamlets**

**Communities Directorate**

**4th Floor**

**Tower Hamlets Town Hall**

**160 Whitechapel Road**

**London**

**E1 1BJ**

**Or**

**Healthand.Safety@towerhamlets.gov.uk**

**4) Dated this ................................... day of .................................. 20….**

**5) Signed .................................................................................................**

**THE COUNCIL ON CONSIDERING THE APPLICATION HAS POWER ON GRANTING THE LICENCE TO IMPOSE CONDITIONS (AMONGST OTHERS) AS TO THE HOURS OF OPENING AND TO REFUSE THE SAME (AMONG OTHER GROUNDS) BECAUSE THE PREMISES IS LIKELY TO BE A NUISANCE OR IS OPERATED IN AN IMPROPER MANNER.**

**FULL PARTICULARS OF THE COUNCIL’S POWER CAN BE OBTAINED FROM THE ENVIRONMENTAL HEALTH SECTION.**