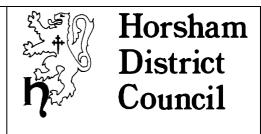
Horsham District Council

working in partnership to secure a better quality of life for all

Public Health and Licensing, Park House, North Street, Horsham, West Sussex. RH12 1RL



APPLICATION FOR CONSENT FOR EXHIBITION, PERFORMANCE OR DEMONSTRATION OF HYPNOTISM

This application must be completed and submitted **at least** 28 days before the date of the proposed exhibition, performance or demonstration of hypnotism.

1. Your details				
Title (Delete as appropriate): Mr Mrs Miss Other (please state)				
	,	,		
Surname				
_				
Forenames				
Stage name				
Date & Place of Birth	Day: Month:	Year: Place	of Birth:	
Address including post code:				
Telephone number(s)				
Daytime:				
Evening:				
Mobile:				
Have you ever been refused or had consent for hypnotism withdrawn by any licensing				
authority?				
Yes / No				
If Yes please give details including date and authority concerned.				

Have you ever been convicted for an offence under the Hypnotism Act?				
Yes / No				
If YES please give details including date of conviction and name of court.				
Have you ever been convicted of an offence involving the breach of a condition regulating or prohibiting the giving of an exhibition, performance or demonstration of hypnotism?				
Yes / No				
If YES please give details.				
2. Details of last three performance	es 			
Name of venue				
Date of performance				
Local Authority authorising event				
Name: Contact number or address:				
Name of venue				
Date of performance				
Local Authority authorising event				
Name: Contact number or address				
Contact number of address				
Name of venue				
Date of performance				
Local Authority authorising event				
Name: Contact number or address				

3. Intended performance				
Name and address of venue where the performance will take place.				
Post Code				
Contact number:				
Date and time of Performance				
Details of Public Liability Insurance.				
Insurance company:				
Policy number:				
Commencement date:	Expiry date:			
Amount of cover:				
Copy of certificate attached: Yes / N	lo			
4. Declaration				
I declare that the information contained in this form is correct to the best of my knowledge and belief.				
I declare that the performance shall comply with all conditions and restrictions imposed by Horsham District Council.				
Signature	Date			

Data Protection

The information you supply will be used by Licensing to assess and administer your application for a consent for performance of hypnotism. It may be shared with other Divisions of the Council and external organisations including the Police for this purpose. Your name and address will be included on a Register of Applications available for public inspection and published on Horsham District Council's website. Your information may also be shared with other council services and partner organisations to ensure your records are kept accurate and help us to identify services you may be entitled to or interested in. For further details of how we may use your information contact Licensing on tel: 01403 215578