

**HYPNOTISM ACT 1982  
APPLICATION FOR CONSENT FOR THE EXHIBITION, DEMONSTRATION OR  
PERFORMANCE OF HYPNOTISM**

**APPLICANTS DETAILS  
(Person responsible for the premises where hypnotism is to take place)**

Full Name of applicant	
Address of applicant (inc. Postcode)	
Home telephone number	
Mobile number	
E-mail address	


**CORRESPONDENCE  
(If different from that above)**

Alternative name for correspondence	
Alternative address for correspondence	
Alternative E-mail address for correspondence	

**PREMISES TO BE LICENSED FOR HYPNOTISM**

Name of premises	
Full address of premises	
Telephone number at premises	
Is this premises already licensed for "Regulated Entertainment" under the Licensing Act 2003?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered yes above, please give the relevant licence number:	

**DATE(S) ON WHICH THE EXHIBITION, DEMONSTATION OR PERFORMANCE(S) ARE TO TAKE PLACE**

<p>Please tick the day(s) that you would like to be licensed for:</p>	<p> <b>Monday</b>  <b>Tuesday</b>  <b>Wednesday</b>  <b>Thursday</b>  <b>Friday</b>  <b>Saturday</b>  <b>Sunday</b> </p> 																								
<p>Please give the times that you would like to be licensed for: (Please give times in 24 hr clock)</p>	<table border="1"> <thead> <tr> <th>DAY</th> <th>OPEN</th> <th>CLOSE</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tues</td><td></td><td></td></tr> <tr><td>Weds</td><td></td><td></td></tr> <tr><td>Thurs</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>	DAY	OPEN	CLOSE	Mon			Tues			Weds			Thurs			Fri			Sat			Sun		
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<p>Please give the date(s) of the performance(s):</p>	<p> <b>Monday</b>.....  <b>Tuesday</b>.....  <b>Wednesday</b>.....  <b>Thursday</b>.....  <b>Friday</b>.....  <b>Saturday</b>.....  <b>Sunday</b>.....                 </p>																								

**HYPNOTISTS DETAILS**  
**(Person responsible for the exhibition, demonstration or performance of hypnotism at the premises)**

Full name of hypnotist	
Trading/stage name of hypnotist (if applicable)	
Registered address of hypnotist (inc. Postcode)	
Home telephone number	
Mobile number	
E-mail address	

## DETAILS OF HYPNOTISTS PAST PERFORMANCES

Please give details of the past performance(s) carried out by the hypnotist:	
<b><u>Performance No. 1</u></b>  Date of performance:  Name/address of premises where performance took place:	
<b><u>Performance No. 2</u></b>  Date of performance:  Name/address of premises where performance took place:	
<b><u>Performance No. 3</u></b>  Date of performance:  Name/address of premises where performance took place:	

## DETAILS OF HYPNOTISTS PUBLIC LIABILITY INSURANCE

Please give details of the Public Liability Insurance (third party) cover held by the hypnotist (covering up to a minimum of £5,000,000):	
Name of Insurer:	
Policy Number:	
Date insurance valid from:	
Date insurance valid to:	

*Please note a copy of the insurance certificate must be provided with his application form.*

**CONVICTIONS**  
**(For completion by the Hypnotist)**

Have you previously been refused or had a consent/authorisation withdrawn by another Licensing Authority?

Yes  No

If you have answered yes above, please give the name of the Licensing Authority:

Have you ever been convicted of an offence under the Hypnotism Act 1952 or of an offence involving the breach of a condition regulation or prohibiting the giving of an exhibition, demonstration or performance of hypnotism on any person?

Yes  No

If you have answered yes to the above, please give the details of the offences/breaches and any supporting information that you can give to the Licensing Authority to enable them to make a determination of the application:

**DECLARATION**  
**(For completion by the Hypnotist)**

**I declare that I have not been convicted of any offences under the Hypnotism Act 1952.**

It is an offence knowingly or recklessly to make a false statement in or in connection with an application. A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement. To do so could result in prosecution and/or a fine.

**SIGNATURE**  
**(of Hypnotist)**

**DATE**

**COPY OF APPLICATION TO RESPONSIBLE AUTHORITIES**

The applicant <b>MUST</b> forward a copy of this application to both representatives of Cheshire Constabulary & Cheshire Fire Authority at the same time as submitting to the Licensing Authority.	
<b>Cheshire Constabulary Address:</b>	FAO Paul Draycott Force Licensing Officer Force Licensing Department 55 Museum Street Warrington Cheshire WA1 1NE
<b>Cheshire Fire Authority Address:</b>	FAO The Divisional Commander Division Headquarters Fire Station Winwick Road Warrington Cheshire WA2 8HH

**SIGNATURE  
(for completion by the applicant)**

I apply to **Warrington Borough Council** for permission to use the above named premises for the exhibition, demonstration or performance of hypnotism under the Hypnotism Act 1952.

I declare that to the best of my knowledge and belief the above particulars are correct and that I will comply with the terms and conditions of licence issued by Warrington Borough Council as a result of this application.

I confirm that I have sent a copy of my application to Cheshire Constabulary & Cheshire Fire Authority.

**SIGNED  
(Applicant)**

**DATED**

**Please ensure you have enclosed the following documentation with your application:**

1. A copy of the Hypnotists certificate of Public Liability Insurance document covering up to £5,000,000 (copies are acceptable).

**PLEASE RETURN YOUR COMPLETED APPLICATION FORM & SUPPORTING DOCUMENTS TO:**

Licensing Section, Regulation & Protection, New Town House,  
Buttermarket Street, Warrington, WA1 2NH