



**HYPNOTISM ACT 1952**

**APPLICATION FOR PERFORMANCE OF HYPNOTISM**

*“This council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this council for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.”*

Premises:

Address:

Licensee/Person in control of premises:

Date of intended performance:

Does the premises hold a current Premises Licence? \*YES/NO

**HYPNOTIST DETAILS**

Stage name:

Previous stage name:

Proper name:

Date and place of birth:

Present postal address:

Contact telephone number:

**Details of public liability insurance:**

Please supply a copy of current insurance certificate. If insurance is issued to an organisation of which you are a member please also supply proof of payment of insurance premium. Public liability must generally be in excess of £1,000,000.

FOR OFFICE USE ONLY

Cost centre:	<b>G332</b>	Fee:	£	Job code:	<b>LICHHP1</b>
Income code:	<b>9002</b>	Receipt No:			

**Membership of recognised bodies** (state which, i.e. F.E.S.H., European Guild, etc.) Please supply copies of proof of membership:

State membership number and date of joining:

Contact telephone number for organisation:

**Details of three previous performances:**

Venue:	Local Council which granted permission:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Synopsis of show (please attach copy)

Promotional material (please attach copies)

**This application will not be considered without a detailed synopsis of the show content. If a current synopsis is already in our possession please confirm if the same is to be used for this performance.**

**\*YES/NO**

Have you ever been refused , or had withdrawn, a consent by any licensing authority or been convicted of an offence under the Hypnotism Act 1952 or of an offence involving the breach of a condition regulating or prohibiting the giving of a performance of hypnotism on any person at a place licensed for public entertainment. \* **YES / NO** (if yes please enclose a statement giving full details)

**DECLARATION**

I declare that the performance shall comply with all conditions and restrictions as imposed by North Lincolnshire Council.

Signature of Hypnotist:

Dated:

Signature of Licensee/  
Person in charge of  
premises:

Dated: