

Application for Performance of Hypnotism

HYPNOTISM ACT 1952



North Lincolnshire Council is under a duty to protect the public funds it administers and to prevent and detect crime, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud or crime. It may also share this information with other bodies administering public funds solely for these purposes.

Premises:

Address:

Post Code: Tel No:

Email Address:

Person in control of premises

Title: Forename(s):

Surname:

Date of Intended Performance:

Does the premises hold a current Premises Licence? Yes No

If so, give the number:

Stage Name:

Previous Stage Name:

Proper Name

Title: Forename(s):

Surname:

Address:

Post Code: Tel No:

Date of Birth: Place of Birth:

Are you a member of a recognised professional organisation?

Yes

No

Name of organisation:

Address:

Post Code:

Tel No:

Membership Number:

Member
Since:

Details of three previous performances (Attach copies of show synopsis and promotional material for each)

Venue:

Authority:

Venue:

Authority:

Venue:

Authority:

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Have you ever been refused, or had withdrawn, a consent by any licensing authority or been convicted of an offence under the Hypnotism Act 1952 or of an offence involving the breach of a condition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 so enclose a statement giving full details

Additional Information

Please attach the following:

Show synopsis

Promotional material

Public liability insurance (Min £1m)

I hereby confirm that I can meet the criteria needed to obtain a licence and that should any matters be omitted that it will impact on my application. It is my responsibility to make sure that all information is complete and correct.

Signature

Name

Date

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

Applicant Signature:

Date:

Person in control of premises Signature:

Date: