**Consent of special treatment premises licence holder to transfer**

I/we……………………………………………………………………………………

*[full name of special treatment premises licence holder(s)]*

the special treatment premises licence holder of special treatment premises licence number

 *…………………………………………..*

*[insert premises licence number]*

relating to

…………………………………………………………………………………………..

*[name and address of premises to which the application relates]*

hereby give my consent for the transfer of special treatment premises licence number

………………………………………..

*[insert premises licence number]*

to

*…………………………………………………………………………………………..*

*[full name of transferee].*

Signed …………………………………………………………………………………

Name

(please print) ………………………………………………………………………….

Date ……………………………………………………………………………………