



Application for Consent to Conduct and Exhibition, Demonstration or Performance of Hypnotism

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

Section 1 - Applicant Details

First Name _____

Family Name _____

Email address _____

Main telephone number _____

Please include country code

Other telephone number _____

Indicate here if you would prefer not to be contacted by telephone

Are you an agent acting
on behalf of the
applicant?

Yes

No

Put "no" if you are applying on
your own behalf or on behalf of
a business you own or work
for.

Are you:

Applying as a business or organisation,
including as a sole trader

Applying as an individual

A sole trader is a business
owned by one person without
any special legal structure.

Your Business

Is your business
registered in the UK
with Companies House?

Yes

No

Is your business
registered outside
the UK?

Yes

No

Business name _____

If your business is registered,
use its registered name

VAT number _____

Put "none" if you are not
registered

Legal status _____

Your position in the
business _____

Business Address

Building number
or name _____

Address business
correspondence must be sent
to.

Street _____

District _____

City or town _____

County
or administrative area _____

Postcode _____

Country _____

Home country _____

The country where the
headquarters of your business
is located.

Section 2 – The Hypnotist

Name

First name

Family name

Stage name(s)

Former name(s)

Home Address

*Is the address the same as
(or similar to) the address
given in Section 1?

Yes

No

If "Yes" is selected you can re-use
the details from section 1, or amend
them as required. Select "No" to
enter a completely new set of
details.

Business Address

Building number
or name

Address business
correspondence must be sent
to.

Street

District

City or town

County
or administrative area

Postcode

*Date of birth

/ /

dd/mm/yyyy

Place of birth

Premises contact details

Are the contact details the
same as (or similar to the
contact details given in
Section 1?

Yes

No

If "Yes" is selected you can re-use
the details from section 1, or amend
them as required. Select "No" to
enter a completely new set of
details.

Telephone number

Other telephone number

Section 3 – Membership of a professional organisation

Are you a member of a
recognised professional
organisation?

Yes

No

e.g. the Federation of Ethical Stage
Hypnotists or the European Guild of
Professional Stage Hypnotists

*Do you have public liability
insurance?

Yes

No

Section 4 – Proposed Venue for the Performance

Name of venue

Venue Address

Building number
or name

Address business
correspondence must be sent
to.

Street

District

City or town

County
or administrative area

Postcode

Country

Contact Details

E-mail

Telephone number

Other telephone number

Venue manager's name

*Maximum number of
people to be admitted to
the venue for the
performance

**Planned
Performance(s)**

* Dates of planned
performances'

* Times of planned
performances on those
dates

Detailed description of the planned performances including suggestions to be put to those taking part

Last Three Performances

Please complete the following details about each of the last three performances given by the hypnotist

Name of venue _____

Venue Address

Building number
or name _____

Address business
correspondence must be sent
to.

Street _____

District _____

City or town _____

County
or administrative area _____

Postcode _____

Country _____

Contact Details

E-mail _____

Telephone number _____

Other telephone number _____

Venue manager's name _____

* Local Authority which
granted permission _____

Date of performance _____

Detailed description of the planned performances including suggestions to be put to those taking part

Last Three Performances

Please complete the following details about each of the last three performances given by the hypnotist

Name of venue _____

Venue Address

Building number
or name _____

Address business
correspondence must be sent
to.

Street _____

District _____

City or town _____

County
or administrative area _____

Postcode _____

Country _____

Contact Details

E-mail _____

Telephone number _____

Other telephone number _____

Venue manager's name _____

* Local Authority which
granted permission _____

Date of performance _____

Detailed description of the planned performances including suggestions to be put to those taking part

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Please complete the following details about each of the last three performances given by the hypnotist

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Venue Address

Building number
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Address business
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Street _____

District _____

City or town _____

County
or administrative area _____

Postcode _____

Country _____

Contact Details

E-mail _____

Telephone number _____

Other telephone number _____

Venue manager's name _____

* Local Authority which
granted permission _____

Date of performance _____

Detailed description of the planned performances including suggestions to be put to those taking part

