



JULIAN TOWNSEND
 Executive Director (Operations)
Licensing

Town Hall Ripley
 Derbyshire DE5 3BT
 Tel: 01773 570222 Fax: 01773 841343
 Text: Text Council plus message to 60060
 E-Mail: enquiry@ambervalley.gov.uk
 Web: www.ambervalley.gov.uk

Hypnotism Act 1952 (as amended)
 Please complete in **BLOCK CAPITALS** and **BLACK INK**

Application for consent for an exhibition, demonstration or performance of Hypnotism

Details of person by whom the exhibition, demonstration or performance is to be given ("the hypnotist")	
Name of the Hypnotist	
Address of Hypnotist	
Contact number	

Details of the last 3 performances by the Hypnotist	
Name of Venue	
Date	
Description of Act	
Contact Number	

Name of Venue	
Date	
Description of Act	
Contact Number	

Name of Venue	
Date	
Description of Act	
Contact Number	

Details of the exhibition, demonstration or performance

Where is the exhibition, demonstration or performance of hypnotism to take place?	
When is the exhibition, demonstration or performance of hypnotism to take place? Please give date(s) and time(s)	
Please describe the nature of the proposed exhibition, demonstration or performance of hypnotism	
If the performance includes hypnotising members of the public, will minders stay with hypnotised subjects during the show including the interval?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Hypnotist providing a minder for each hypnotised subject?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to the above is "no", how many hypnotised subjects will a minder supervise?	
Has the Hypnotist ever been refused or had withdrawn a consent for hypnotism by any licensing authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to the above is "yes" please give details	
Has the Hypnotist ever been convicted of an offence under the Hypnotism Act 1952?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to the above is "yes" please give details	

Declaration

I/we have read and understood the Council's licence conditions and agree to comply with them at all times.

I/we confirm that I/we have a copy of the Council's licence conditions.

I/we confirm that I/we have public liability insurance.

I/we have enclosed references from previous premises or a suitable reference from a recognised body.

I/we confirm that a copy of this application has been forwarded to the Licensing Department, Chesterfield Police Station, Beetwell Street, Chesterfield, S40 1QP. Email NorthDivLicensing@derbyshire.PNN.Police.UK

Signed (Hypnotist)		Signed (Individual responsible for organising performance)	
Date		Date	