



### HYPNOTISM ACT 1952 (as amended)

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

Please complete in BLOCK CAPITALS and BLACK INK

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

Details of the last three performances by the Hypnotist	
<b>Name and address of venue</b>	
<b>Date of performance</b>	
<b>Description of act</b>	
<b>Contact details of venue</b>	

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<b>Description of act</b>	
<b>Contact details of venue</b>	

<b>Details of the exhibition, demonstration or performance</b>	
<b>Where is the exhibition, demonstration or performance of hypnotism to take place?</b>	
<b>When is the exhibition, demonstration or performance of hypnotism to take place? Please give date(s) and time(s)</b>	
<b>Please describe the nature of the proposed exhibition, demonstration or performance of hypnotism</b>	
<b>If the performance includes hypnotising members of the public, will minders stay with hypnotised subjects during the show including the interval?</b>	Yes [ ]                      No [ ]
<b>Is the Hypnotist providing a minder for each hypnotised subject?</b>	Yes [ ]                      No [ ]





<b>If the answer to the above is “yes” please give details</b>	
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Declaration	
<p><b>I/we have read and understood the Council’s licence conditions and agree to comply with them at all times.</b></p> <p><b>I have enclosed references from previous premises or a suitable reference from a recognised body</b></p> <p><b>I also confirm that I have a copy of the Council’s licence conditions</b></p>	
<b>Signed (Hypnotist)</b>	<b>Signed (Individual responsible for organising performance)</b>
<b>Date</b>	<b>Date</b>

**Completed forms should be returned to:**

**London Borough of Richmond**  
**Regulatory Services Partnership (serving Merton, Richmond and Wandsworth Councils)**  
**Merton Civic Centre**  
**London Road**  
**Morden**  
**SM4 5DX**  
**e.mail: [licensing@merton.gov.uk](mailto:licensing@merton.gov.uk)**