



**HYPNOTISM ACT 1952**

**APPLICATION FOR CONSENT TO STAGE A HYPNOTISM PERFORMANCE**

I (full name)

\_\_\_\_\_

(stage name)

\_\_\_\_\_

of (address)

\_\_\_\_\_

\_\_\_\_\_

Tel no \_\_\_\_\_

hereby make application for consent to stage a hypnotism performance at

(address)

\_\_\_\_\_

\_\_\_\_\_

on (date of performance)

\_\_\_\_\_

During this event subjects\*[will][will not] remain hypnotised during an interval in the performance. \*(please delete words in square brackets which do not apply)

If subjects are to remain hypnotised during an interval in the performance please specify the number of attendants who will be present to ensure the subjects safety

\_\_\_\_\_

I have never been previously refused, or had withdrawn, a consent by any licensing authority or been convicted of an offence under the Hypnotism Act 1952 or of an offence involving the breach of a condition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 any place.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please supply name and address of premises and dates for your last three performances of hypnotism.

1) Name of Premises \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

2) Name of Premises \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

3) Name of Premises \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Dated \_\_\_\_\_

N.B.

1. You should supply with this application proof of public liability insurance to cover the proposed performance and the relevant fee.
2. Please note that there is no need for you to notify the police of this performance as this will be done directly from this office.
3. If you are unable to complete and sign this form for any reason eg you have not previously given three hypnotism performances or you have had consent for a performance refused or you have been convicted of an offence under the Hypnotism Act 1952 please give full details. Refusal of consent by another authority does not necessary indicate that the particular hypnotist is unacceptable and will not in itself prejudice the application.

Please note City of York Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on your application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

When completed this form, together with the relevant fee should be returned to:

Licensing Services  
City of York Council  
Hazel Court EcoDepot  
James Street  
YORK  
YO10 3DS

If you have any queries in relation to this application please contact the licensing section at the above office on York (01904) 552512 or email [licensing.unit@york.gov.uk](mailto:licensing.unit@york.gov.uk).

For details of licence fees see: <https://www.york.gov.uk/MiscellaneousLicenceFees#other>.

### How to Pay

1. **By cheque** made payable to City of York Council and forwarded to;  
City of York Council  
Licensing Section  
Hazel Court EcoDepot  
James Street  
York  
YO10 3DS

2. **By bank card** telephone 01904 552512 to arrange payment.

3. **By BACS**

Please include licence/certificate CYC reference number on payment and allow three days to clear.

<b>ACCOUNT NUMBER:</b>	70897558	<b>SORT CODE:</b>	40 - 47 - 31
<b>ACCOUNT NAME:</b>	CITY OF YORK GENERAL ACCOUNT		
<b>BANK NAME:</b>	HSBC PLC		
<b>BANK ADDRESS:</b>	13 PARLIAMENT STREET		
	YORK		
	YO1 8XS		