

Application for a Sex Establishment Licence

Local Government (Miscellaneous Provisions) Act 1982
(as amended)

SECTION 1

1	Licence Type
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- | |
|---|
| <input type="checkbox"/> Sex Shop
<input type="checkbox"/> Sex Cinema
<input type="checkbox"/> Sexual Entertainment Venue |
|---|

2	Application Type
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- | | |
|---|------------------------------|
| <input type="checkbox"/> Grant
<input type="checkbox"/> Renewal* | *Enter licence number: _____ |
|---|------------------------------|

3	Applying as
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- | | |
|--|---|
| <input type="checkbox"/> An individual
<input type="checkbox"/> A partnership
<input type="checkbox"/> A company | (go to section 2)
(go to section 3)
(go to section 4) |
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SECTION 2 (INDIVIDUALS ONLY)

4	Applicant Name
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5	Date of Birth
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6	Applicant Home Address
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	Telephone Number:
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-----PLEASE PROCEED TO SECTION 5-----

SECTION 3 (PARTNERSHIPS ONLY)

FIRST APPLICANT

7	Name
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8	Date of Birth
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9	Home Address
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	Telephone Number:
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SECOND APPLICANT

10	Name
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11	Date of Birth
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12	Home Address
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	Telephone Number:
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-----PLEASE PROCEED TO SECTION 5-----

SECTION 4 (COMPANIES ONLY)

13	Company Name	
14	Registered Number	
15	Business Address	Telephone Number:

Please provide details of all directors, shadow directors and company secretary – where necessary please use a continuation sheet.

FIRST DIRECTOR, SHADOW DIRECTOR OR COMPANY SECRETARY

16	Name	
17	Date of Birth	
18	Home Address	Telephone Number:
19	Position/Role in business	

SECOND DIRECTOR, SHADOW DIRECTOR OR COMPANY SECRETARY

20	Name	
21	Date of Birth	
22	Home Address	Telephone Number:
23	Position/Role in business	

THIRD DIRECTOR, SHADOW DIRECTOR OR COMPANY SECRETARY

24	Name	
25	Date of Birth	
26	Home Address	Telephone Number:
27	Position/Role in business	

Where necessary, please use a continuation sheet

-----PLEASE PROCEED TO SECTION 5-----

SECTION 5 (ESTABLISHMENT DETAILS)

28	Address
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Telephone Number:

29	Planning permission?
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<input type="checkbox"/> Yes <input type="checkbox"/> No
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If this application relates to a vehicle/vessel/stall, give description and state where it is to be used

30	Address
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Telephone Number:

-----PLEASE PROCEED TO SECTION 6-----

SECTION 6 (PROPOSED TRADING HOURS)

		Opening Time	Closing Time
31	Sunday	_____	_____
	Monday	_____	_____
	Tuesday	_____	_____
	Wednesday	_____	_____
	Thursday	_____	_____
	Friday	_____	_____
	Saturday	_____	_____

-----PLEASE PROCEED TO SECTION 7-----

SECTION 7 (RELEVANT OFFENCES)

32	Have you, any listed partners, any listed directors, or any listed secretaries in this application ever been convicted of an offence or been the subject of any relevant enforcement action?
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<input type="checkbox"/> Yes <input type="checkbox"/> No*

*If no, please proceed to section 8

	Name	Date	Offence	Court	Sentence
1					
2					
3					
4					
5					

Where necessary, please use a continuation sheet

-----PLEASE PROCEED TO SECTION 8-----

SECTION 8 (PREVIOUS LICENCES/APPLICATIONS)

33	Have you, any listed partners, any listed directors, or any listed secretaries in this application ever been refused a licence for a sex establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Details	
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34	Have you, any listed partners, any listed directors, or any listed secretaries in this application ever had a licence for a sex establishment revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Details	
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35	Are you, any listed partners, any listed directors, or any listed secretaries in this application disqualified from holding a licence for a sex establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Details	
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-----PLEASE PROCEED TO SECTION 9-----

SECTION 9 (DECLARATION AND SIGNATURE)

The information contained in this form is true and accurate to the best of my knowledge and belief.

36	Signature of applicant(s)	<u>1</u>	<u>2</u>
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37	Name of applicant(s)		
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38	Date of signature		
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This authority is under a duty to protect the public funds it administers, and to this end, may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing and administering public funds for these purposes.

Office Use Only

****REFERENCE**:** £

Temporary or Official Receipt No: