

Sex establishment licence application form

Part A: applicant information

Schedule 3 of the Local Government Miscellaneous Provisions Act 1982

Before completing this application please read ALL guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. It is recommended that you keep a copy of the completed form for your records.

Please note that the licensing authority or police may make enquiries independently to verify or validate any information submitted as part of this application.

Application type tick box(es) as appropriate	
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Variation	
Part 1 - Premises details	
Premises address:	
Licence details (for renewal applications)	
Licence number:	
Date of expiry:	
Part 2 – Applicant details	
Is the applicant:	<input type="checkbox"/> An individual <input type="checkbox"/> A company or other corporate body <input type="checkbox"/> A partnership or other unincorporated body
A. Individual applicant details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Surname:	
Forenames:	
Date of birth: (must be aged 18 or over)	
Place of birth: (town and country)	
National Insurance Number:	
Current residential address, including postcode:	
Telephone number (home):	

Telephone number (mobile):	
Email:	
Are you ordinarily resident in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No please state where:
Have you any restrictions on your eligibility to reside or work in the UK?	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Surname:	
Forenames:	
Date of birth: (must be aged 18 or over)	
Place of birth: (town and country)	
National Insurance Number:	
Current residential address, including postcode:	
Telephone number (home):	
Telephone number (mobile):	
Email:	
Are you ordinarily resident in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No please state where:
Have you any restrictions on your eligibility to reside or work in the UK?	
B Other applicants (such as a registered company or unincorporated association) Please provide name and registered address of applicant in full. Where appropriate please give any registered number and names and private addresses of ALL directors and partners:	
Name:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Registered or principal office address including postcode:	
Registered company number:	
Description of applicant (for example partnership, company):	
Is this company incorporated in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No please state where:
Telephone number:	
Email:	

Names and private addresses of ALL company directors or partners:		
1. Director or partner: Full name (including title)	Private address (including postcode):	
2. Director or partner: Full name (including title)	Private address (including postcode):	
3. Director or partner: Full name (including title)	Private address (including postcode):	
C. Licensing history and other relevant information: Has any person or the corporate or unincorporated body referred to in this application:		
Been disqualified from holding a licence for a sex establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been refused the grant, renewal or transfer of licence for a sex establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been the holder of a sex establishment licence when that licence has been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES to any of the above please provide details, including relevant names, dates and locations:		
Have you any convictions recorded against you? Or if a body corporate or unincorporated body that body or any of its directors or other persons responsible for its management? If so please state		
Date of conviction	Offence	Sentence (include any suspended)
Note:		
1. All convictions must be disclosed		
2. Spent convictions, as defined in the table below should not be included.		
Sentence	Becomes spent after	
Imprisonment of between 6 months and 30 months	10 years	

Imprisonment of up to 6 months	7 years
Borstal training	7 years
A fine or other sentence not otherwise covered in this table	5 years
Absolute discharge	6 months
Probation order, conditional discharge or bind over	1 year (or until order expires, whichever is longer)
Detention Centre Order	3 years
Remand home, attendance or approved school order	The period of the order and a further year after the order expires
Hospital order under the Mental Health Act	The period of the order and a further 2 years after it expires
Cashiering, discharge with ignominy or dismissal with disgrace from the Armed Forces	10 years
Dismissal from Armed Forces	7 years
Detention	5 years

Note:

1. A sentence of more than 2.5 years imprisonment can never become unspent.
2. If you were under 17 years of age on the date of conviction, please halve the period shown in the right hand column.

Is the business for the benefit (whether solely or partly) of any third-party not already specified within this application? Yes No

(If YES please give further details below including name, address and position):

Please provide details of any experience or business or employment history relevant to the operation of a sex establishment gained by any person in connection with this application. For example please specify whether any person is a member of any trade association or organisation (such as the Lap Dancing Association) or has operated or continues to operate a sex establishment (state type if applicable):

Part 3 – Declaration for Part A tick box(es) as appropriate

I/we – insert name(s) of applicant(s):

Enclose the relevant fee (cheques made payable to West Suffolk Council)

Enclose evidence of identity containing a photograph in respect of each individual applicant, partner or director, as applicable

For each individual or director enclose a basic level criminal record disclosure certificate or equivalent (this should be dated no older than one calendar month) and also enclose a declaration of convictions, cautions etc for each person as applicable (see guidance note 11)	<input type="checkbox"/>
Understand that if the above requirements have not been satisfactorily complied with my application cannot proceed and may be rejected	<input type="checkbox"/>
Understand that the information given may be used in conjunction with other authorities for the prevention and detection of fraud.	<input type="checkbox"/>
Confirm that the information supplied in this application is true to the best of my/our knowledge and belief.	<input type="checkbox"/>
It is an offence for any person to make a false statement, or a statement which he or she does not believe to be true, in or in connection with this application. A person guilty of this offence shall be liable on summary conviction to a fine not exceeding £20,000.	
Signatures	
Signature of applicant(s) or applicant(s) solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity:	
1. Signature:..... Name:..... Capacity:.....	
2. Signature:..... Name:..... Capacity:.....	
3. Signature:..... Name:..... Capacity:.....	
Date:	
Contact name:	
Contact postal address including post code:	
Telephone number:	
Email:	

Part B: premises and operational information

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Please note that the licensing authority or police may make enquiries independently to verify or validate any information submitted as part of this application.

I/We	
(insert name(s) of applicant(s) – please read guidance note 1)	
Application type tick box(es) as appropriate	
<input type="checkbox"/> Grant <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Variation	
Part 1 - Premises Details	
Postal address (including post code):	
Telephone number:	

A. Description of trading activity

The premises will trade as tick box(es) as appropriate						
<input type="checkbox"/> a sex cinema	<input type="checkbox"/> a sex shop	<input type="checkbox"/> a sex entertainment venue				
The premises is proposed to trade on the following days and between the following times:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

B. Operation of the venue and other relevant information

Does the premises have the correct planning consent for the use intended? If unsure check with the Planning Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the premises currently have a premises licence or club premises certificate under the Licensing Act 2003?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the premises does hold a Licensing Act 2003 authorisation please give the licence or certificate number	

Please summarise the nature, style and activities of your proposed sex establishment.

For example, give detail on the type of activities/entertainments, clientele, frequency of performances, number of staff and performers, capacity, type of articles sold etc.

What measures or steps do you propose to take to ensure that your sex establishment operates in a suitable and appropriate manner in the locality you propose?

For example you may wish to detail your arrangements for door supervision (including numbers, frequency and timings), management (including management structure), customer rules, welfare of performers, membership, dispersal, external appearance of the venue, advertising, training for staff, CCTV, notices and signage

Do you agree to conditions being attached to your licence (if granted) that are consistent with the steps or measures you have proposed above?

Yes No

Please provide a plan and a schematic to show the proposed external appearance of the venue (Guidance note 12)

Part 3 – Declaration for Part B (please tick to confirm yes)

I/we – insert name(s) of applicant(s)

Enclose a plan of the premises and also a diagram of the premises frontage (this should also indicate window dressing, colour schemes, signage and so on) (see guidance note 12)

Enclose any policies, rules, procedures or other supporting documentary information in connection with this application (On renewal only if changes have been made)	<input type="checkbox"/>
Understand that if the above requirements have not been satisfactorily complied with my application cannot proceed and may be rejected	<input type="checkbox"/>
Understand that the information given may be used in conjunction with other authorities for the prevention and detection of fraud.	<input type="checkbox"/>
Confirm that the information supplied in this application is true to the best of my/our knowledge and belief.	<input type="checkbox"/>

It is an offence for any person to make a false statement, or a statement which he or she does not believe to be true, in or in connection with this application. A person guilty of this offence shall be liable on summary conviction to a fine not exceeding £20,000.

Signatures

Signature of applicant(s) or applicant(s) solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity:

.....Name.....
Capacity.....

.....Name.....
Capacity.....

.....Name.....
Capacity.....

Date

.....

Privacy Notice

West Suffolk Council is a Data Controller and the Data Protection Officer can be contacted at: West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3YU. Tel: 01284 763233.

We are collecting your personal information in order to process your application under the Local Government Miscellaneous Provisions Act 1982.

Your data will not be shared with third parties unless used for Council purposes, in order to enquire and receive information relating to your licence, prevent or detect crime, to protect public funds or where we are required or permitted to share data under other legislation. Your data will be kept for 7 years post licence expiry/surrender in line with our retention policy.

You have the right to access your data and to rectify mistakes, erase, restrict, object or move your data in certain circumstances. Automated decision making and processing is not used during this application. Please contact the Data Protection Officer for further information or go to our website where your rights are explained in more detail. If you would like to receive an explanation of your rights in paper format please contact the Data Protection Officer.

Any complaints regarding your data should be addresses to the Data Protection Officer in the first instance. If the matter is not resolved you can contact the Information Commissioner’s Office at: Wycliff House, Water Lane, Wilmslow, Cheshire, SK9 5AF Tel: 0303 123 1113.

If you do not provide the information required on the application form then we will not be able to process application for a licence. Your data must be kept up to date in accordance with the conditions of your licence.

For further information on our Data protection Policies please go to our website: [How we use your information](#) or email: <mailto:data.protection@westsuffolk.gov.uk>

Guidance notes to assist with completion of this application form

1. Insert the name(s) of individual applicant(s) or partners or the trading name under which the business operates.
2. Insert the postal address, including the name by which the premises to be used as a sex establishment is to be known.
3. The full name, date and place of birth, national insurance number and private address of each individual applicant and names and private addresses of all directors must be supplied together with photographic evidence of identity for each person (for example a certified copy of passport or driving licence).
4. The application form must be signed. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so. Where there is more than one applicant, all applicants or their respective agents must sign the application form.
5. This is the address that we shall use to correspond with the applicant(s) about this application.
6. A notice containing details of the application must be advertised on the premises to which the application relates for a continuous period of not less than 21 days from the day following the day on which it was given to the licensing authority, in a position from which it can be conveniently read by members of the public. The Council provides a template to assist with this requirement.
7. A notice containing details of the application must be published in a newspaper circulating in the local vicinity of the premises within 7 days of the application be given to the licensing authority. The council provides a template to assist with this requirement.
8. Fee levels may change from time to time. Current fee levels can be obtained via the council's website or by contacting the licensing authority.
9. For this purpose a criminal conviction certificate (issued under section 112 Police Act 1997), a criminal record certificate (issued under section 113A Police Act 1997) or the results of a subject access search under the Data Protection Act 1998 (b) of the Police National Computer by the National Identification Service will be satisfactory. Disclosures provided must be dated within one calendar month of the application date or else they will be rejected.
10. Specify the type of sex establishment you intend to operate. Tick ALL boxes that apply to this licence application. Also indicate the times for each day of the week that you propose to operate as a sex establishment. Specify N/A (not applicable) if you do not intend to operate on a particular day.
11. The application form must be signed. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so. Where there is more than one applicant, all applicants or their respective agents must sign the application form.
12. A plan of the premises must be submitted with the application, drawn to a legible scale (preferably 1:100) showing all external and internal doors and windows and

the position of counters, display stands, booths, video, tv or film screens, exhibition areas, dance, performance, stage or restricted areas fixed seating and tables, bars or counters from which refreshments are available. Further a diagram showing the proposed external appearance or frontage of the venue (this need not be professionally drawn) and this should include colour scheme, branding, advertising, window dressing, signage and so on. Please note that the plan will form part of the licence and conditions. On renewal if there are no changes then a plan is not required.

13. Copies of the complete application together with a plan of the premises and any supporting documentation must be submitted to the licensing authority and Suffolk Constabulary:

Note: The council may reasonably require the applicant(s) to provide additional documentation in connection with this application. All such requests shall be made in writing (including via email request).

Checklist of all documents to provide with this application

1. Any continuation sheets you have used in connection with this application form (please number, add you name and premises details to every additional sheet you have provided).	<input type="checkbox"/>
2. The plan of your premises showing the layout, fixtures, fittings and features requested. This need not be professionally drawn but must be to scale (preferably 1:100) clear and legible in all material respects. On renewal if there are no changes then a plan is not required.	<input type="checkbox"/>
3. A diagram showing the proposed external frontage of your sex establishment. This need not be professionally drawn but should be clear and legible in all material respects (indication of colour scheme and shop signage, naming and branding should also be included).	<input type="checkbox"/>
4. The correct fee for the application. Cheques should be made payable to West Suffolk Council.	<input type="checkbox"/>
5. Proof of address for all individual applicants – for example a current utility bill or bank statement.	<input type="checkbox"/>
6. Endorsed photographs of all individual applicants. Photos must be full faced and passport style, and endorsed as a true likeness by a professional person of standing in the community such as a doctor, solicitor, teacher, fire officer, local government officer or councillor. The contact details for the person endorsing the photos should also be provided with the photographs as validation checks will be made.	<input type="checkbox"/>
7. Photographic proof of identity and age documentation for individual applicants – for example a passport or DVLA photo card driving licence containing a date of birth.	<input type="checkbox"/>
8. Any house rules, policy or similar documents you propose to operate at the sex establishment, provided in support of your application – for example performer vetting and welfare, customer rules, management and supervision policy/structure, details of membership of a trade association, details of previous relevant experience etc.	<input type="checkbox"/>
9. Criminal records basic level disclosure or equivalent certificates – which should be no older than one calendar month. The police may also conduct background checks of any person connected to this application.	<input type="checkbox"/>
10. Any documentation relating to verification of the entitlement of any applicant to reside or work in the UK (should this be applicable). It should be noted that the council is registered with the Home Office Evidence and Enquiry Unit and may check the eligibility status of any individual connected with this application.	<input type="checkbox"/>
11. Copy of Licensing Act 2003 premises licence or club premises certificate if applicable	<input type="checkbox"/>
12. Serve the application , together with accompanying documents, to both the licensing authority and Chief Officer of Police.	<input type="checkbox"/>
13. Copy of the notice placed on or near the premises.	<input type="checkbox"/>

Please send your application, fee and documents to the licensing department

West Suffolk House

Western Way

Bury St Edmunds IP33 3YU

Phone: 01284 758050 Email: licensing@westsuffolk.gov.uk