

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 checked="" type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Variation	
Part 1 - Premises details	
Premises address:	SECRETS 25 SE JOHNS STREET BURY ST EDMUNDS. SUFFOLK IP33 1SS.
Licence details (for renewal applications)	
Licence number:	SE0011
Date of expiry:	15/12/2025.
Part 2 - Applicant details	
Is the applicant:	<input checked="" 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 checked="" 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 checked="" 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?	No.
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:	N/A.
Registered company number:	N/A.
Description of applicant (for example partnership, company):	N/A.
Is this company incorporated in the UK?	<input checked="" 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): N/A.
2. Director or partner: Full name (including title)	Private address (including postcode): N/A
3. Director or partner: Full name (including title)	Private address (including postcode): N/A
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 checked="" type="checkbox"/> No
Been refused the grant, renewal or transfer of licence for a sex establishment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Been the holder of a sex establishment licence when that licence has been revoked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES to any of the above please provide details, including relevant names, dates and locations: <div style="text-align: center;">N/A.</div>	
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 <div style="background-color: black; height: 100px; width: 100%;"></div>	
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):

N/A.

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

I/ – insert name(s) of applicant(s):



Enclose the relevant fee (cheques made payable to West Suffolk Council)	<input checked="" type="checkbox"/>
Enclose evidence of identity containing a photograph in respect of each individual applicant, partner or director, as applicable	<input checked="" type="checkbox"/>

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 checked="" type="checkbox"/>
Understand that if the above requirements have not been satisfactorily complied with my application cannot proceed and may be rejected	<input checked="" type="checkbox"/>
Understand that the information given may be used in conjunction with other authorities for the prevention and detection of fraud.	<input checked="" type="checkbox"/>
Confirm that the information supplied in this application is true to the best of my/our knowledge and belief.	<input checked="" 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	
1. Signature:.....	[Redacted Signature]
Name:.....	
Capacity:.....	
2. Signature:.....	[Redacted Signature]
Name:.....	
Capacity:.....	
3. Signature:.....	[Redacted Signature]
Name:.....	
Capacity:.....	
Date:	03/11/2025.
Contact name:	[Redacted Name]
Contact postal address including post code:	SECRETS 25 St JOHN'S STREET BURY St EDMUNDS. SUFFOLK IP33 1SS.
Telephone number:	[Redacted Telephone Number]
Email:	[Redacted Email]

Part B: premises and operational information

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I/ WE	[REDACTED]
(insert name(s) of applicant(s) – please read guidance note 1)	
Application type tick box(es) as appropriate	
<input type="checkbox"/> Grant	<input checked="" type="checkbox"/> Renewal
<input type="checkbox"/> Transfer	<input type="checkbox"/> Variation
Part 1 - Premises Details	
Postal address (including post code):	SECRETS. 25 St JOHN'S STREET. BURY St EDMUNDS. SUFFOLK IP32 1SS.
Telephone number:	[REDACTED]

A. Description of trading activity

The premises will trade as tick box(es) as appropriate						
<input type="checkbox"/> a sex cinema	<input checked="" 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: 09.30 AM	From: 09.30 AM	From: 09.30 AM.	From: 09.30 AM	From: 09.30 AM	From: 09.30 AM.	From: CLOSED.
To: 17.30 PM	To: 17.30 PM.	To: 17.30 PM.	To: 17.30 PM.	To: 17.30 PM.	To: 17.30 PM	To: CLOSED.

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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If the premises does hold a Licensing Act 2003 authorisation please give the licence or certificate number	SE0011

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

N/A.

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 checked="" type="checkbox"/>
Understand that if the above requirements have not been satisfactorily complied with my application cannot proceed and may be rejected	<input checked="" type="checkbox"/>
Understand that the information given may be used in conjunction with other authorities for the prevention and detection of fraud.	<input checked="" type="checkbox"/>
Confirm that the information supplied in this application is true to the best of my/our knowledge and belief.	<input checked="" 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  on behalf of 

Capacity..... OWNER

.....Name.....

Capacity.....

.....Name.....

Capacity.....

Date | 03/11/2025

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>