

Applications are to be returned to: <b>Licensing Team</b> <b>Swindon Borough Council</b> <b>Wat Tyler West 5<sup>th</sup> Floor</b> <b>Beckhampton Street</b> <b>Swindon</b> <b>SN1 2JH</b> <b>Tel: 01793 445500</b>	 <b>SWINDON</b> BOROUGH COUNCIL
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**Application for the Grant, Renewal or Transfer of a Sex Establishment Licence pursuant to Schedule 3, Local Government (Miscellaneous Provisions) Act 1982**

**Any person who, in connection with an application for a grant, renewal or transfer of a sex establishment licence makes a false statement which he knows to be false in any material respect of which he does not believe to be true is guilty of an offence and liable on summary conviction to a fine not exceeding £20,000.**

Grant       Renewal       Transfer       (please tick relevant one)

**A. THE APPLICANT**

**1. Is the applicant :**

A partnership or other unincorporated body?       An individual?   
 A company or other corporate body?

If the applicant is an individual, answer question 2.  
 If the applicant is a company or other corporate body, answer questions 3 and 4.  
 If the applicant is a partnership or other unincorporated body, answer question 5.

**2. Individual applicant details**

Mr     Mrs     Miss     Other

Full name	
Other names	<small>(complete if ever known by a different name)</small>
House no and Street	
District	
Postcode	
Telephone number	

**Go to Question 5.**

**3. Company or other corporate body applicant details**

Full name	
Registered address	
Registered number	
Other names	<small>(complete if ever known by a different name)</small>

Has the applicant:

Ever been convicted of a criminal offence?      Yes       No

Ever had a grant or renewal of a sex establishment licence refused or revoked?      Yes       No

Ever been served a winding up petition?      Yes       No

If the answer is yes to any of these questions please provide full details.

Applicant's Directors <span style="float: right;"><small>(please use additional sheet if necessary)</small></span>	
Full name	
Full name	
Full name	
Company Secretary	
Full name	

Are there persons responsible for the management other than the Directors and Company Secretary? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please state details below.	
Full name	
Position	
Please state the names of all persons with a shareholding greater than 10%	
Full name	
Full name	
Full name	
Is the Applicant a wholly owned subsidiary of another company or corporate body? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below.	
Name	
Place of registration	
Directors names	
Company secretary	
<b>Go to question 5</b>	

<b>4. Partnership or other unincorporated body applicant details</b>	
Name	
Partners names	
Are there persons responsible for the management other than the partners Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state details.	
Has the applicant ever had a grant or renewal of a sex establishment licence refused or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state details.	

<b>5. Does the applicant have a trading name different from that given in answer to questions 2, 3 or 4 above?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state name.	

<b>6. What is the applicant's trading address?</b>	
Name/no and Street	
District	
Postcode	

<b>7. Will the business for which a licence is sought be carried on for the benefit of a person other than the applicant?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below.	
Full name	
Place of registration	
Registration number	
Directors	
Company secretary	

<b>8. Does the applicant operate any other sex establishment?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below.	
Name	
Address	
Establishment type	

<b>9. For each individual named in answers to questions 2, 3, 4, 7 and 8 please confirm that Annex A to this application has been completed and submitted as part of this application</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please state reasons why.	

**B. THE PREMISES, VEHICLE, VESSEL OR STALL****10. Is the application in respect of:**

Premises <input type="checkbox"/> (go to Q12)	Vehicle <input type="checkbox"/> (go to Q11)	Vessel <input type="checkbox"/> (go to Q11)	Stall <input type="checkbox"/> (go to Q11)
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**11. Where is it proposed to use the vehicle, vessel or stall? (go to Q14)**

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**12. What is the full address of the premises for which the licence is sought?**

Name/no and street	
District	
Postcode	

**13. Is the whole of the premises to be used as a sex establishment?**

Yes  No  If no, please state use of the remainder of the premises.

Please state the names of those responsible for managing remainder of premises.

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**14. Applicant's interest in the premises, vehicle, vessel or stall**

Owner <input type="checkbox"/>	Lessee <input type="checkbox"/>	Sub-lessee <input type="checkbox"/>	Other (please state)
If lessee or sub lessee please state:			
Name of landlord			
Address of landlord			
Name of superior landlord (if any)			
Address of superior landlord (if any)			
Amount of annual rental			
Period of term remaining			
Period of notice required to terminate tenancy			

**15. Planning**

What is the current use of the premises?

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Is there planning permission for the use of premises, vehicle, vessel or stall as a sex establishment? Yes  No

If so, please state the date of planning permission

If not, state whether and why the use as a sex establishment is lawful, e.g. because there is a certificate of lawful use, giving full details.

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**16. If the premises are currently operated as a sex establishment please provide details.**

Name of person or body	
Full address	

**17. Other licences**

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Are the premises, vehicle, vessel, or stall licensed under any other Act, e.g. Licensing Act 2003? Yes  No

If yes, please provide details including the name of any Designated Premises Supervisor.

Does the applicant intend to obtain a licence under any other Act or to apply to vary any existing licence under any other Act? Yes  No

Does the applicant intend to operate the sex establishment in conjunction with any other licence? Yes  No

If so, please provide full details.

### 18. Customers

Is each customer access to the premises, vehicle, vessel or stall:

Directly from the street or a public thoroughfare?  From other premises?

Is each customer access from the street to be supervised at all times the premises are open to the public? Yes  No

If the answer is no give full details of proposed door control and supervision.

State whether all door supervisors are to be licensed with the Security Industry Authority.

Yes  No

### C. THE BUSINESS

#### 19. Under what name will the business be known?

#### 20. Is the application in respect of:

Sex Shop  Sex Cinema  Sexual Entertainment Venue

#### 21. Has the applicant entered into any agreement (written or oral) in connection with the business, other than a tenancy agreement or lease, for example a management agreement, partnership agreement or profit share agreement?

Yes  No

If so, provide full details together with a copy of any such agreement.

#### 22. Please provide details of any lenders, mortgagees or others providing finance with the full terms of such agreements.

Name	
Address	
Type	
Name	
Address	
Type	

#### 23. Is the business required to purchase merchandise from a particular person or body?

Yes  No

If so, provide full details together with a copy of any such agreement.

**D. MANAGEMENT OF THE BUSINESS**

**24. (a) State the identity of the person who will be responsible for the day to day management of the business at the premises, vehicle, vessel or stall (Manager).**

Name	
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**(b) Confirm that the Manager will be based at the premises, vehicle, vessel or stall and that management of the business there will be his/her sole and exclusive occupation.**

Yes  No

**(c) Which person(s) will be responsible for the day to day management of the business in the absence of the Manager (Relief Manager(s))?**

Name	
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**(d) Confirm that the Relief Manager(s) or one of them will be based at the premises full-time in the absence of the Manager.**

Yes  No

**(e) For each of the Manager and Relief Manager(s), confirm that the form at Annex A to this application has been completed and submitted as part of this application.**

Yes  No

**25. This question need not be answered in the case of renewals.**

**Give details of the times during which it is proposed to open the business.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Start</b>							
<b>Finish</b>							

If times given are greater than those stated in the Sex Establishment Licensing Policy please provide supporting information:

**26. Please describe any signage and advertising including size, images etc. A plan of the exterior showing such signage and advertising is required to be submitted with this application.**

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**27. What means are to be taken to prevent the interior of the premises being visible to passers-by?**

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**28. What, if any, window displays are to be exhibited? Please indicate the size and nature of any intended display.**

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**29. State any proposals for solicitation of business in public areas, e.g. through fliers, business cards, billboard advertising, personal solicitation or advertising on motor vehicles.**

**30. State what age restrictions are to be applied in respect of admissions and how are these to be enforced. State what forms of identity will be accepted and for sex shops provide details for preventing proxy sales.**

**31. State the arrangements for CCTV and for retention of recordings. State whether all public areas are to be covered by CCTV at all times the business is open and whether the feed from all cameras will be recorded.**

**32. Answer only where the application is for a sexual entertainment venue (Go to Q33)**

**(1) State whether the proposal is for full nudity.**

Yes  No

**(2) Give full details of the nature of the entertainment, e.g. lap-dancing, pole dancing, stage strip-tease.**

**(3) State what if any separation between performers and audience is proposed e.g. performers on stage, 1 metre, no contact or full contact.**

**(4) State whether arrangements are proposed for private booths for areas. If so, provide full details, including proposals for supervision of such areas.**

**33. This question need not be answered in the case of renewals (Go to Q 34)**

**(1) State proposals for preventing nuisance to residents and businesses in the vicinity.**

**(2) State proposals for promoting public safety.**

**(3) State proposals for preventing crime or disorder.**

**(4) State proposals for protecting children from harm.**

**(5) Set out the applicant's system for checking the age and right to work in the UK for all employees.**

**(6) For sexual entertainment venues, set out the system for training all staff in the Code of Practice for performers, and for monitoring and enforcing compliance. *Note, the Code of Practice must be attached to this form.***

**(7) For sexual entertainment venues, set out the system for notifying customers of the Rules for Customers, and for monitoring and enforcing compliance. *Note, the Rules for Customers must be attached to this form.***

**(8) For sexual entertainment venues, set out the system for monitoring compliance with the venue's Policy for Welfare of Performers. *Note, the Policy for Welfare of performers must be attached to this form.***

**34. Set out any further information which you wish the authority to take into account. Include here any proposed conditions or any reason relied upon to provide an exception to the authority's Sex Establishment Licensing Policy. (You may attach a schedule of conditions)**

**35. Is there any information on this form which you do not wish to be seen by members of the public? If so, state which information and the reasons why you do not wish it to be seen.**

**E. APPLICANT CONTACT DETAILS**

Please give the contact details which you would like used for the purposes of this application.

Name	
Organisation	
Address	
Phone number	
Mobile number	
Fax number	
E-mail address	

**F. SIGNATURE AND DECLARATION**

The following declaration must be signed in all cases:

- a. If the Applicant is an individual, by that individual
- b. If the Applicant is a partnership, by all individuals who are partners;
- c. If the Applicant is a company, by a director or the company secretary;
- d. In any other case, by a duly authorised officer of the Applicant.

Should the information provided in relation to this application form cease to be correct, or if there are any changes in the information provided in the application form between the date the application is submitted and the date it is determined, the Applicant must advise the licensing authority immediately. Failure to do so may result in any licence issued being revoked.

I/we certify to the best of my/our knowledge and belief that the information given in this application is complete and correct in every respect.

I/we agree to notify the licensing authority should any of the information given in this application change.

<b>Name</b>	
<b>Position</b>	
<b>Date</b>	
<b>Signature</b>	

<b>Name</b>	
<b>Position</b>	
<b>Date</b>	
<b>Signature</b>	

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