



**APPLICATION FOR GRANT / RENEWAL / VARIATION / TRANSFER* OF A
SEX ESTABLISHMENT LICENCE**

Before completing this form please read the 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.

You may wish to keep a copy of the completed form for your records.

I / We

(Insert name/s of applicant/s – please read guidance note 1)

apply for the Grant / Renewal / Variation / Transfer* of a Sex Establishment Licence for the premises described in Part 1 below (the premises) in accordance with schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982 (*delete as necessary)

Part 1 - Premises Details *(Please read guidance note 2)*

Postal address (including trading name, post code and telephone number of premises)

Part 2 - Applicant Details

Please state whether you are applying for a licence as

- | | | |
|--|--------------------------|---------------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A & C) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete all sections |
| ii. as a partnership | <input type="checkbox"/> | please complete all sections |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete all sections |

iv other (for example a statutory corporation)

please complete all sections

(A) Individual Applicant Details *(Please read guidance note 3)*

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Family Name			First names		
Date of birth					
Current postal address including post code					
Telephone number					
E-mail address					
National Insurance No.					
Telephone number					
E-mail address					

(Continue on separate page if necessary)

(B) Other Applicants (Company, etc.)

Please provide name and registered address of applicant in full. Where appropriate please give any registered number.

Name	
Address including post code	
Registered number	
Description of applicant (e.g. partnership, company, etc.)	
Telephone number	
E-mail address	

(C) Description of Trading Activity

The premises will trade as:						
<input type="checkbox"/> A Sex Cinema		<input type="checkbox"/> A Sex Shop			<input type="checkbox"/> A Sexual entertainment venue	
I would like the premises will 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

(D) Licensing History

Has any person or the corporate or unincorporated body referred to in this application: -

Been disqualified from holding a licence for a sex establishment?	
Been refused the grant / renewal / transfer of a licence for a sex establishment?	
Been the holder of a sex establishment licence when that licence has been revoked?	
If 'Yes' to any of the above please provide details:	

Part 3 - Declaration

I/We:	
Please tick yes	
• Enclose the fee (Please make payable to Warwick District Council)	<input type="checkbox"/>
• Enclose evidence of identity containing a photograph in respect of each individual applicant / partner / director, as applicable	<input type="checkbox"/>
• Enclose either a criminal conviction certificate or criminal record certificate or the results of a subject access search of the police national computer by the National Identification Service	<input type="checkbox"/>
• Understand that if the above requirements have not been complied with my application will 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, and will be held on computer, subject to the Data Protection Act 1998.	<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, LIABLE ON CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

(C) Signatures *(Please read guidance note 4)*

Signature of applicant.

Signature/ s	
Date	
Capacity	

(D) Contact Details *(Please read guidance note 5)*

Contact name	
Contact postal address including post code	
Telephone number (if any)	
E-mail address (optional)	

Notes for Guidance

- 1) Insert the name/s of individual applicant/s or partners or the trading name under which the business operates.
- 2) Include the postal address, including name by which the premises that is to be used as a sex establishment is to be known.
- 3) The full name, date of birth and home address of each individual applicant/partner/director must be supplied together with photographic evidence of identity, e.g. a certified copy of passport or driving licence, and either 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.
- 4) The application form must be signed. Where there is more than one applicant, all applicants must sign the application form.
- 5) This is the address that we shall use to correspond with you about this application.
- 6) A plan of the premises must be submitted with the application, drawn to a scale of 1:100 showing all external and internal doors and windows and the position of counters, display stands, booths, video / tv / film screens, exhibition areas, dance / performance / stage areas fixed seating and tables, bars / counters from which refreshments are available and private rooms.
- 7) Copies of the application together with a plan of the premises must be submitted to: -
 - Community Protection, Licensing, Warwick District Council, Riverside House, Milverton Hill, Royal Leamington Spa, CV32 5HZ
 - Chief Officer of Police, Warwickshire Police Licensing Team, Police Station, Priory Road, Warwick, CV34 4NA
- 8) 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.
- 9) 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.
- 10) Fees can be obtained via the council's website or by contacting Licensing Services, Warwick District Council at licensing@warwickdc.gov.uk

Local Government (Miscellaneous Provisions) Act 1982

Sex Establishment Licence

Public Notice

[Name of person applying for licence] is applying to Warwick District Council for a *[sex cinema/sex shop/sexual entertainment venue]* licence at *[name and address of premises]*

Any person wishing to make representations in relation to this application may do so by writing to:

Licensing Authority

Warwick District Council

Riverside House

Milverton Hill

Royal Leamington Spa

Warwickshire CV32 5HZ



Representations may be made for 28 consecutive days from the date of this Notice.

A copy of the application for the grant of the above licence is kept by the Licensing Authority at the above address. The application can be viewed Monday to Thursday 9.00 am to 5.00 pm, and 9.00 am to 4.30 pm on Fridays, except Bank Holidays.

It is an offence knowingly or recklessly to make a false statement in connection with an application. The maximum fine for which a person is liable on summary conviction for making a false statement is a Level 5 fine on the Standard Scale.

[Date] – This must show the day after the day that the application was submitted to the Licensing Authority