



Reference No.

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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

PLEASE READ THE FOLLOWING NOTES FIRST

1. All questions must be answered except where otherwise stated. If relevant questions are not answered, the application will be deemed inappropriate and returned to the Applicant.
2. Any person who, in connection with an application for the grant, renewal or transfer of a sex establishment licence makes a false statement which he knows to be false in any material respect or 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.
3. 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 in black ink. Use additional sheets if necessary.

Once completed please send your application to: **Licensing Team, Southampton City Council, PO BOX 1344, Southampton, SO15 1WQ. Telephone: 023 8083 3002**
Fax: 023 8083 4061
Email: licensing@southampton.gov.uk DX No: 115710 Southampton 17

Part 1 – THE APPLICANT

please tick ✓

Q1. Is the applicant:			
a)	An individual		
b)	A company or other corporate body		
c)	A partnership or other unincorporated 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 incorporated body, answer question 5.			
Q2. Answer only where the applicant is an individual:			
Full name of Applicant:			
Has the Applicant ever been known by a different name: (If "Yes" please provide the Applicant's former name below)		Yes	No
Former name of Applicant			

PLEASE GO TO QUESTION 5			
Q3. Answer only where the Applicant is a company or other corporate body:			
Name of Applicant:			
Where is the Applicant registered:			
Registered number of Applicant:			
Has the applicant previously been known by any other name and if so provide name below:			
Has the Applicant:			
		<i>please tick ✓</i>	
Been convicted of a criminal offence?		Yes	No
Been refused the grant or renewal of a sex establishment licence?			
Had a sex establishment licence revoked?			
Been served with a winding up petition?			
If the answer to any of the above questions is Yes, please provide full details on a separate sheet of paper.			
Names of the Applicant's Directors:			
Name:		Position:	
Are there persons responsible for the management of the Applicant other than the Directors?:		Yes	No
If yes, please provide details of their names:			
Please provide below the names of all persons with a shareholding greater than 10% in the Applicant:			

Is the Applicant a wholly owned subsidiary of another company or corporate body?	Yes	No
If yes, please provide below the name, place of registration and details of its Directors?		
Name:		
Place of Registration:		
Directors:		
PLEASE GO TO QUESTION 5		
Q4. Answer only where the Applicant is a partnership or other unincorporated body:		
Name of Applicant:		
Names of Applicant's partners:		
Are there persons responsible for the management of the Applicant other than the partners?	Yes	No
If yes, please provide details of their names:		
Has the Applicant ever been refused the grant or renewal of a sex establishment licence:	Yes	No
Has the Applicant ever had a sex establishment licence revoked?		
If the answer to any of the above questions is Yes, please provide full details on a separate sheet of paper.		
PLEASE GO TO QUESTION 5.		
Q5. Does the Applicant have a trading name different from that given in answer to questions, 2, 3 or 4 above? If so, please state the trading name below:		

Q6. What is the Applicant's trading address:

Post Code:

Daytime Contact Number:

Email address:

Q7. Will the business for which a licence is required be carried on for the benefit of a person other than the applicant:

If yes, please provide below the name of such person(s). If such person(s) are a company or other corporate body, state their place of registration and registered number, and the identity of all Directors, the Company Secretary and those with a shareholding greater than 10%.

Yes

No

Q8. Does the Applicant operate any other sex establishments, whether licensed or not? If so please state the name, address and type of sex establishment (e.g. sex shop, sexual entertainment venue or sex cinema).

Q9. For each of the individuals named in the answers to questions 2, 3, 4, 7 and 8, please confirm that the form at Appendix A to this

Yes

No

application form has been completed and submitted as part of this application.		
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Part 2 – THE PREMISES, VEHICLE, VESSEL OR STALL

please tick ✓

Q10. Is this application in respect of:

a) Premises	
b) Vehicle	
c) Vessel	
d) Stall	

Q11. If the application relates to a vehicle, vessel or stall, where is it proposed to be used:

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Q12. If the application relates to a premises, please provide the full address of the premises for which a licence is required:

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Post Town:		Post Code:	
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Q13. Is the whole of the premises to be used as a sex establishment:	Yes	No
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If not, please state below:

- the use of the remainder of the premises; and
- the names of those who are responsible for managing the remainder of the premises.

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Q14a. State the nature of the Applicant's interest in the premises, vehicle, vessel or stall, e.g. owner, lessee, sub-lessee:

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Q14b. If the Applicant is a lessee or sub-lessee, state:		
(i)	The name and address of the landlord:	
(ii)	The name and address of the superior landlord (if any):	
(iii)	The amount of the annual rental:	
(iv)	The length of the unexpired term:	
(v)	The length of notice required to terminate the tenancy:	
Q15a. State the current use of the premises:		
Q15b. Is there a planning permission for the use of the premises, vehicle, vessel or stall as a sex establishment?:		Yes
		No
Q15c. If so, state the date of the planning permission:		
Q15d. 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:		
Q16a. Are the premises, vehicle, vessel or stall licensed under any other Act, e.g. the Licensing Act 2003?:		Yes
		No
Q16b. Please provide full details including the name of any Designated Premises Supervisor :		

Q16c. 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
Q16d. Does the Applicant intend to operate the sex establishment in conjunction with any other licence? If so, provide full details below:	Yes	No
Q17a. Is each customer access to the premises, vehicle, vessel or stall:		
<ul style="list-style-type: none"> • Directly from the street or a public thoroughfare? 		
<ul style="list-style-type: none"> • From other premises? 		
If from other premises, please provide full details below:		
Q17b. 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:		
Q17c. State whether all door supervisors are to be licensed with the SIA:	Yes	No
Q18. Are the premises, vehicle, vessel or stall constructed or adapted so as to permit access to, from and within the premises (including WC facilities) for disabled members of the public?	Yes	No
If the answer is No, please state the Applicant's proposals for affording such access?		

Q19. Are the premises, vehicle, vessel or stall being used as a sex establishment at the date of this application?:	Yes	No
If the answer is yes, please state the name and address of the person or body now operating the business:		

Part 3 – THE BUSINESS

Q20. Under what name will be business be known?:		
Q21. Is the application in respect of:		
• A sex shop		
• A sex cinema		
• A sexual entertainment venue		
Q22. Has the Applicant entered into any agreement (whether written or oral) in connection with the business, other than a tenancy agreement or lease, for example:		
<ul style="list-style-type: none"> • a management agreement; • partnership agreement; • profit share arrangement. 		
If so, please provide full details together with a copy of any such agreement?:		
Q23. Give the name and addresses of any lenders, mortgagees or others providing finance with the full terms of such agreements:		

Q24. Is the business required to purchase merchandise from a particular person or body? If so provide full details.

Part 4 – MANAGEMENT OF THE BUSINESS

Q25a. 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 (“the Manager”):

Q25b. Will the Manager 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

Q25c. State which person(s) will be responsible for the day to day management of the business in the absence of the Manager (“the Relief Manager”)?:

Q25d. Will the Relief Manager(s) or one of them be based at the premises full-time in the absence of the Manager?:

Yes

No

Q25e. In respect of the Manager and Relief Manager(s), please confirm that the form at Annex A to this application has been completed and submitted as part of this application.

Yes

No

Q26. THIS QUESTION NEED NOT BE ANSWERED IN RESPECT OF RENEWAL APPLICATIONS.

Please give details of the days and times during which it is proposed that the business will be open.

Q27. Please state the proposals in respect of exterior signage and advertising, including the nature, content and size of such signage, and any images to be used. (please note that a colour photo/ plan of the exterior showing such signage and advertising is required to be submitted with this application):

Q28a. What means are to be taken to prevent the interior of the premises being visible to passers-by?:

Q29b. What, if any, window displays are to be exhibited? Please indicate the size and nature of any intended display:

Q30. State what age restrictions are to be applied in respect of admissions and how are these to be enforced?: (Please state as part of your answer what forms of ID will be accepted and whether it is proposed to use electronic systems. For sex shops, please provide details of arrangements for preventing proxy sales)

Q31. Please state the arrangements for CCTV at the premises and for the retention of recordings: (Please state as part of your answer 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)

Q32. ANSWER THIS QUESTION ONLY WHERE THE APPLICATION RELATES TO A SEXUAL ENTERTAINMENT VENUE.		
Q32a. Is the proposal to allow full nudity at the premises?	YES	NO
Q32b. Provide full details of the nature of the entertainment intended to be provided, e.g. lap-dancing, pole dancing, stage strip-tease:		
Q32c. Please state what, if any, separation between performers and audience is proposed. E.g. performers on stage; 1 metre; no contact; or full contact:		
Q32d. Is it intended to provide private booths or areas?	Yes	No
If yes, please provide full details including proposals for supervision of such areas:		
Q33. THIS QUESTION NEED NOT BE ANSWERED IN RESPECT OF RENEWAL APPLICATIONS.		
Q33a. Please state the proposals for preventing nuisance to residents and businesses in the vicinity:		

Q33b. Please state the proposals for promoting public safety:

Q33c. Please state the proposals for preventing crime or disorder:

Q33d. Please state the proposals for protecting children from harm:

Q33e. Please state the Applicant's systems for checking the age and right to work in the UK for all staff and dancers/performers.

Q33f. IN RESPECT OF SEXUAL ENTERTAINMENT VENUES ONLY, please set out the system for training all staff in the Code of Practice for performers and for monitoring and enforcing compliance: *(Please note that the Code of Practice must be attached to this form)*

Q33g. IN RESPECT OF SEXUAL ENTERTAINMENT VENUES ONLY, please set out the system for notifying customers of the Rules for Customers and for monitoring and enforcing compliance: *(Please note that the Rules for Customers must be attached to this form)*

Q33h. IN RESPECT OF SEXUAL ENTERTAINMENT VENUES ONLY, please set out the system for monitoring compliance with the venue's Policy for Welfare of Performers. (Please note that the Policy for Welfare of Performers must be attached to this form)

Q34. Set out any further information which you wish the Licensing Authority to take into account: (Include here any proposed conditions (you may attach a schedule of such conditions) or any reason relied upon to provide an exception to the Authority's Sex Establishment Licensing Policy).

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Q35. Is there any information on this form which you do not wish to be seen by members of the public? If so, please state which particular information you wish to remain private and provide reasons why you do not wish it to be seen.

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Part 5 – APPLICANT CONTACT DETAILS

PLEASE GIVE THE CONTACT DETAILS WHICH YOU WOULD LIKE TO BE USED FOR THE PURPOSES OF THIS APPLICATION.	
Name:	
Organisation:	
Address:	
Telephone Number:	
Mobile Number:	
Fax Number:	
Email Address:	

Part 6 – SIGNATURE AND DECLARATION

<p>The following declaration must be signed in all cases:</p> <ul style="list-style-type: none">• If the Applicant is an individual, by that individual;• If the Applicant is a partnership, by all individuals who are partners;• If the Applicant is a company, by a director;• In any other case, by a duly authorised officer of the Applicant.
<p>Should the information provided in relation to this application cease to be correct, or if there are any changes in the information provided as part of the application 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.</p>

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.

Name:			
Position in Organisation:			
Signature:		Date:	



APPENDIX A

Part 7 – INFORMATION ON INDIVIDUALS

Name:			
Former Name (if any):			
Position in relation to Applicant: (e.g. Director, Partner, Manager)			
Date of Birth:			
Gender:		Male	Female
Permanent Residential Address:			
If resident at this address for less than 3 years, state previous address:			
Have you been resident in the UK for more than six months prior to the date of the application?:		Yes	No

Have you ever been disqualified from holding a sex establishment licence under Schedule 3, paragraph 17 of the Local Government (Miscellaneous Provisions) Act 1982. If yes, give full details.		Yes	No
Have you ever been involved in the management of a business, whether as proprietor, director, company secretary, partner, manager, supervisor or otherwise which has had any of the following types of licence refused, refused on renewal, reviewed or revoked?			
Sex establishment licence		Yes	No
Licence for the sale or supply of alcohol		Yes	No
Licence for the provision of entertainment, whether sexual or otherwise		Yes	No
Personal Licence under the Licensing Act 2003		Yes	No
If so, please provide full details:			
Have you ever been convicted of a criminal offence, whether in the UK or elsewhere?:		Yes	No
If so, please provide the following details:			
Date:	Convicting Court:	Offence:	Penalty Imposed:
To your knowledge, are you currently the subject of any criminal investigation?:		Yes	No
If so, please provide full details:			

Have you ever had any civil legal action taken against you?	Yes	No
If so, please provide full details:		
Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement?:	Yes	No
If so, please provide full details:		
Have you ever been disqualified from acting as a company director?:	Yes	No
If so, please provide full details:		
Is there any other information which you believe the Licensing Authority would reasonably need to know or you would like the Licensing Authority to take into account when considering the information you have supplied?:	Yes	No
If so, please provide full details:		

Is there any information in this Annex which you do not wish to be seen by members of the public?:		Yes	No
If so, please state which information and the reasons why you do not wish it to be seen.			
I DECLARE THAT THE INFORMATION PROVIDED IN THIS ANNEX IS TRUE AND COMPLETE.			
Signed:		Dated:	



APPENDIX B

Part 8 – DOCUMENTS TO BE SUPPLIED WITH THIS APPLICATION

Site Scale Plan (1:1250).	Yes	No
Drawings showing the front elevation as existing.	Yes	No
Drawings showing the front elevation as proposed (including proposed signage, advertising and window display.	Yes	No
Scale Layout Plan of Premises. (Note the requirements of the layout plan are set out below).	Yes	No
Planning Permission.	Yes	No
Certificate of Lawful Use or Development.	Yes	No
If the Applicant is a company, copies of the Memorandum and Articles of Association of the Company.	Yes	No
If the Applicant is a partnership, a certified copy of the Partnership Deed.	Yes	No
A copy of any other licences for the premises, vehicle, vessel or stall.	Yes	No
Code of Practice for Performers.	Yes	No
Rules for Customers.	Yes	No

Policy for Welfare of Performers.	Yes	No

Part 9 – REQUIREMENTS FOR LAYOUT PLAN

The Layout plan must show:
1. The layout of the premises including, stage, bars, cloakroom, WCs, performance area, dressing rooms.
2. The extent of the boundary of the premises outlined in red.
3. The extent of the public areas outlined in blue.
4. Uses of different areas in the premises, e.g. performance areas, reception
5. Structures or objects (including furniture) which may impact on the ability of individuals to use exits or escape routes without impediment.
6. Location of points of access to and egress from the premises.
7. Any parts used in common with other premises.
8. Position of CCTV cameras.
9. Where the premises include a stage or raised area, the location and height of each stage or area relative to the floor.
10. Where the premises includes any steps, stairs, elevators or lifts, the location of the same.
11. The location of any public conveniences, including disabled WCs.
12. The position of any ramps, lifts or other facilities for the benefit of disabled people.
13. Any level changes at the entrance to or within public parts of the premises which may be inaccessible to disabled people.
14. The location and type of any fire safety and any other safety equipment.
15. The location of any kitchen on the premises.
16. The location of emergency exits.

Part 10 – DOCUMENTS EVIDENCING PUBLIC NOTICE AND SERVICE

Complete copy of newspaper circulating in the area of the authority, containing advertisement of this application.	Yes	No
Copy of notice of application displayed on or near the premises.	Yes	No
Copy of affidavit or statutory declaration that notice has been displayed as required by Schedule 3, paragraph 10(10) of the Local Government (Miscellaneous Provisions) Act 1982.	Yes	No
Evidence of service of this application form and all enclosures upon the Chief Officer of Police for the local authority area within 7 days after the date of this application.	Yes	No

NOTE: WHEN THE APPLICATION IS MADE ELECTRONICALLY, INCLUDING ALL ENCLOSURES, THE LICENSING AUTHORITY WILL SERVE THE CHIEF OFFICER OF POLICE.