Application for a Sex Establishment Licence

I/We hereby apply for the VARIATION of a Sex Establishment Licence under the Local Government (Miscellaneous Provisions ) Act 1983 as follows:

1.	General information
	(all applicants must complete this section)
	What type of licence are you applying for?
	A sex shop licence A sex cinema licence A sexual entertainment venue licence?
	Are you applying as: (please tick):
	An individual  A registered company  A partnership
	Please state your trading name:
	SYLVAN GLADE T/A WIGGLE
	Is this application for: (please tick):
	Grant of a new licence ☐ renewal ☐ variation ☒ or transfer ☐ of an existing licence?
	If renewal, variation or transfer, please provide the existing licence number: 2016/00384/19SEXE
	THE APPLICANT
2.	Application by an Individual (complete this section only if the application is by an individual)
	Title (please tick):
	Mr. Mrs. Miss Ms. Other (please state):
	Surname: Forenames:
	Ojla Jaspal Singh
	Maiden name or any other surnames you have been known by:
	Date of birth:
	Residential address:
	Postcode
	Position/Role in the business: Director
3.	Application by a Partnership (complete this section only if the application is by a partnership)
	You must supply information in respect of every partner – where there are more than two partners then please use a continuation sheet
ł	Title (please tick):
	Mr Mrs. Miss Ms. Other (please state):
	Surname: Forenames:
	Maiden name or any other surnames you have been known by:
	Date of birth:
	Residential address:
ĺ	Postcode:
$\dashv$	Residential address: Postcode:  Title (please tick): Mr.
	Mr. Mrs. Miss Ms. Other (please state):
.	Surname: Forenames:
	outhaine.
	Maiden name of any other common to the second transfer transfer to the second transfer transfer to the second transfer tr
	Maiden name or any other surnames you have been known by:
	5/
	Date of birth:
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	Residential address:				
	Postcode:				
4.	Application by a Registered Company				
	(complete this section only if the application				
	Registered company name: Sylvan Glade Li	mited			
	Registration number:	Ole Industrial Park Oleskank Book Barbara Mr.			
	. , ,	Ojs Industrial Park, Claybank Road, Portsmouth			
	Postcode: PO3 5SX				
	Please provide the following details for every director, shadow director and the company secretary – where necessary please use a continuation sheet.				
	Role: Md				
	Title (please tick):				
	Mr. Mrs. Miss Ms. Other (please state):				
	Surname: Ojla	Forenames: Jaspal Singh			
	Maiden name or any other surnames you ha	ve been known by:			
	Date of birth:				
	Residential address:				
	Postcode:				
	Role: Secretary				
	Title (please tick):				
	Mr. Mrs. Miss Ms. Other (	please state):			
	Surname: Ojla	Forenames: Rashwinder Kaur			
ŀ	Maiden name or any other surnames you have	ve been known by:			
	Date of birth				
1	Residential address:				
	Postcode:				
5.	Contact Details				
	(all applicants must complete this section)				
	We will use your business address to correspond with you unless you indicate we should use				
-	your Residential address Business Address:	Telephone nos.			
	Ojs Discount Ojs Industrial Park Claybank	Daytime:			
	Rd Portsmouth	Evening:			
	Postcode: PO3 5SX	Mobile:			
-		Email address:			
	Residential address:				
		Website address:			
ļ	manufactural address for any				
	Please use my Residential address for corres				
	If you have appointed a legal advisor or other and reference number here:	agent to act for you, please give their details			
	Name:				
	Address:				
	Post code				
	'Phone number:				
	Email address:				
	Reference no.:				

6.	Criminal Convictions	
	(all applicants must complete this section)	
	Have you, any partners in the business, any directors of the company, or any other partners in this application, ever been convicted of an offence or been the subject enforcement action in relation to a sex establishment?  Yes  No  (please tick)	of any
	If "yes" you must provide details for each conviction/enforcement action, the date of t conviction/enforcement action, the name and location of the convicting court, offence you were convicted/the nature of the enforcement action and the sentence/penalty in	of which
	(where necessary please use a continuation sheet)	
7.	Have any of the applicants previously been refused a sex establishment licence or had such a licence revoked? If so, give full details on a separate sheet	No
8.	If the applicant is a company, is the applicant a wholly owned subsidiary of another company or corporate body? If so, give full details, including full names and residential address of each director on a separate sheet	No
9.	If the applicant is a company, give the full names and residential addresses of each person who has a shareholding of more than 10% in the company on a separate sheet	
10.	Will the business for which the sex establishment licence is sought be carried on for the benefit of any person other than the applicant?	No
	If so, give full details on a separate sheet. include company names, registration numbers, full names and residential address of each director or other person to benefit; include all persons with shareholdings greater than 10%	
11.	Does the applicant operate any other sex establishments, whether licensed or not? If so, please state the name, address and type of sex establishment (sex shop/sex cinema/sexual entertainment venue) on a separate sheet	Yes

11 MIGGLE BOURNEWOUTH.

	THE PREMISES, VEHICLE, VESSEL OR STALL			
12.	Is the application in respect of: a premises ⊠ a vehicle □ a vessel □ a stall □			
	If the application is in respect of a vehicle, vessel or stall, where is it proposed that it shall be used?			
13.	If the application is in respect of a premises, give the full postal address:			
	188, Above Bar Street, Southampton			
	Postcode: SO14 7DW			
14.	Is the whole of the premises to be used as a sex establishment?			
	Yes			
	If not, give a description of the use of the remainder of the premises:			
	The names of those responsible for managing the remainder of the premises:			
15.	State the nature of the applicant's interest in the premises, vehicle, vessel or stall (e.g.			
	freehold owner, lessee, sub-lessee etc.)			
16.	Lessie Lessie Lessie If the applicant has tenure of the premises other than as freeholder, state:			
10.	The name and address of the landlord: Ojs Holdings			
	The amount of the annual rental			
	The length of the unexpired term 15yrs			
	The length of the unexpired term royls  The length of notice required to terminate the tenancy 15yrs			
17.	What is the current use of the premises?			
17.	lap dancing			
	lap darionig			
18.	Is there planning permission for use of the premises, vehicle, vessel or stall as a sex			
	establishment? Yes			
	If yes, give the date of that permission			
19.	If there is no planning permission for use of the premises, vehicle, vessel or stall as a sex establishment, give full details as to whether and why the use of the premises is a lawful use:			
20.	Are the premises, vehicle, vessel or stall licensed now or intended to be licensed under any other legislation e.g. the Licensing Act 2003?			
	Yes If so, give the nature and reference number of each licence:			
21.	Is customer access to the premises, vehicle, vessel or stall:			
	Directly from the street?			
	Yes			
	From other premises? No			
	If from other premises, give full details below:			
22.	Are all points of customer access to be supervised at all times that the premises are open for business?			
	Yes			
23.	Give full details of door control and supervision of access to the premises, including whether			
23.	those controlling access are licensed by the SIA:			
	S.I.A Registered door supervisors check all entry			
24.	Give details of the measures proposed to ensure that any person entering the premises is over 18 years of age, including what forms of ID will be accepted:  Callenge 25 policy in operation			

25. Give full details of any proposed exterior signage, advertising, window displays etc. at the premises - include photographs, illustrations etc.: no change AS BEFORE Give full details of the measures to be taken to comply with the Indecent Displays (Control) Act 1981, as amended, including the means by which persons outside the premises will be prevented from seeing the interior: 27. If the premises are to be used as a sexual entertainment venue, provide full details of: (a) the type and nature of the entertainment to be provided: as before (b) arrangements for the separation of performers and audience: what contact, if any is to be permitted between performers and audience will be permitted: (c) (d) where sexual entertainment will take place (e.g. open areas, private booths or both); see plan (e) What measures will be put in place to supervise sexual entertainment, the conduct of performers and audience (e.g. security staff, CCTV, etc). Enclose copies of any codes of conduct or similar documents and clearly indicate the sanctions which will be taken by the management of the venue for any breaches of them: as before plus additional cctv cameras (f) What measures are in place to ensure compliance with the law by the business and persons employed in the venue in whatever capacity, in particular in connection with human trafficking and modern slavery? full checks carried out TYPE OF APPLICATION 28. Renewal - VARIATION If the application is for renewal of an existing licence, have there been any changes in the business since the last grant of a licence? No If Yes, give full information here: 29. Variation If variation of an existing licence is sought, give full details here: We intend to put a new stage on the 1st floor. Put new VIP booths on the ground floor. All booths will have cctv cameras installed in them. Ensure that you include plans and other documents clearly showing what is proposed and indicating which existing licence conditions it is proposed should be varied. 30. Transfer If the application is for transfer of an existing licence, do you enclose the signed consent of the previous licence holder to the transfer? Yes-31. Other information in support of the application Use this part of the application to set out any additional information which you wish the licensing authority to take into account when considering the application:

MANAGEMENT					
Give details of the person who will be responsible for the day to day management of the business ("the manager"):					
Full name: Jacqueline Kim Bailey					
Residential address: 149,Radstock Road, Woolston Southampton So19 2hw					
Postcode:	S	O19 2HW			
Date of birth:	0	1/01/1978			
Will the manager be based at the premises, vehicle, vessel or stall and will the management				ent	
On what days	and at wha	t times will the	business will be open:		
Day	From	То	Give details of any proposed exception	ons to	the
(use 24 hour clock) hours giver		hours given		-	
Monday	. *		all as before		
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
I enclose detailed scale plans, colour photographs and designs illustrating the interior and exterior of the premises, vehicle, vessel or stall giving, in particular, details of the proposals in respect of exterior signage and advertising, including the nature, content and size of signage and any images to be used (this will not be necessary in case of an application for transfer or renewal where no changes have taken place since the last grant of a licence.					
Payment					
	card L Ch	eque ⊠ Cas	h [ ] (please tick)		
		d, signed and o	dated by each individual, partner or the		
	-				$\boxtimes$
Continuation sheets, clearly marked to indicate the question numbers, are enclosed Plans and other documents are enclosed				t	
	Give details of business ("the Full name: Residential and Postcode: Date of birth: Will the manar of the business of the business of the include full national on what days the Day  Monday Tuesday Wednesday Thursday Friday Saturday Sunday I enclose definiterior and exidetails of the patterior and exidetails of the pat	Give details of the person business ("the manager") Full name: Residential address: Date of birth:  Will the manager be base of the business be that person absence of the manager: include full names, reside On what days and at what  Day From (use 24) Monday Tuesday Wednesday Thursday Friday Saturday Sunday I enclose detailed scale printerior and exterior of the details of the proposals in the nature, content and size (this will not be necessary no changes have taken playment (all applicants must complete for credit card Checklist (all applicants must complete for company secretary The fee is enclosed Continuation sheets, clear	Give details of the person who will be rebusiness ("the manager"): Full name: Jacqueline Kim Residential address: 149,Radstock Postcode: SO19 2HW Date of birth: 01/01/1978 Will the manager be based at the premi of the business be that person's sole and Give details of the arrangements for the absence of the manager: Jaspal Ojla wi include full names, residential addresse On what days and at what times will the Day From To (use 24 hour clock) Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday I enclose detailed scale plans, colour printerior and exterior of the premises, vehice tails of the proposals in respect of extite nature, content and size of signage at (this will not be necessary in case of an no changes have taken place since the Payment (all applicants must complete this section I will pay the application fee for a sex estimated to redict the form is fully completed, signed and company secretary The fee is enclosed Continuation sheets, clearly marked to in	Give details of the person who will be responsible for the day to day management business ("the manager"); Full name: Jacqueline Kim Bailey Residential address: 149,Radstock Road, Woolston Southampton So19 2hw Postcode: SO19 2HW Date of birth: 01/01/1978 Will the manager be based at the premises, vehicle, vessel or stall and will the ma of the business be that person's sole and exclusive occupation? Yes Give details of the arrangements for the day to day management of the premises in absence of the manager: Jaspal Ojla will manage in her absence include full names, residential addresses and dates of birth of such persons.  On what days and at what times will the business will be open:    Day	Give details of the person who will be responsible for the day to day management of the business ("the manager"): Full name: Jacqueline Kim Bailey Residential address: 149,Radstock Road, Woolston Southampton So19 2hw Postcode: So19 2HW Date of birth: 01/01/1978  Will the manager be based at the premises, vehicle, vessel or stall and will the management of the business be that person's sole and exclusive occupation? Yes Give details of the arrangements for the day to day management of the premises in the absence of the manager. Jaspal Ojla will manage in her absence Include full names, residential addresses and dates of birth of such persons.  On what days and at what times will the business will be open:  Day From To (use 24 hour clock)  Monday

39.	Declaration (all applicants)	must complete this section)		
	The information belief. I unders respect or which	n contained in this form is true and accurate to the best of my knowledge and stand that if I make a false statement which I know to be false in any material th I do not believe to be true in connection with an application for the grant of a ent licence I will be guilty of an offence and liable on summary conviction to an		
	to be granted a	nat Southampton City Council may consult other agencies about my suitability sex establishment licence, and that those other agencies may include other and the police.		
	suitability to be information abo	nat the purpose of the sharing of this data is to form a full assessment of my granted a sex establishment licence. I also understand that the sharing of but me may extend to sensitive personal data, such as data about any all offences. Some details will also be displayed in the council's public register		
	Please note that the licensing authority may be required by law to disclose, from time to time, further information relating to applications and licences to the appropriate authorities for the purposes of law enforcement and the prevention of fraud.			
	I hereby expres	ssly consent to this processing of my data and display of relevant information gister.		
		pplicant (section 2) or all partners (section 3) or the company secretary t complete this-section		
	Signed: Name (please print) Capacity of signatory:	Dated 21~08~2017 Jaspal Ojla		
		Director		
	Signed:	Dated		
	Name (please print) Capacity of signatory:			
	Signed: Name (please print)	Dated		
	Capacity of signatory:			
	Signed: Name	Dated		
-	(please print) Capacity of signatory:			