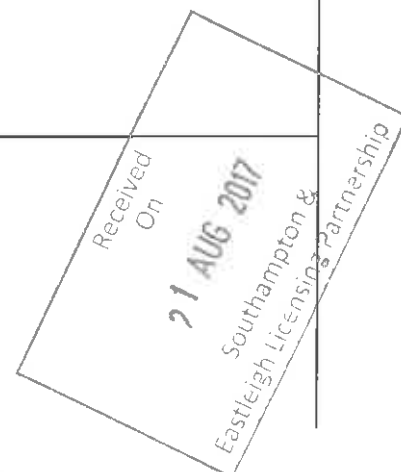


Application for a Sex Establishment Licence

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 <input type="checkbox"/> A sex cinema licence <input type="checkbox"/> A sexual entertainment venue licence? <input checked="" type="checkbox"/> Are you applying as: (please tick): An individual <input type="checkbox"/> A registered company <input checked="" type="checkbox"/> A partnership <input type="checkbox"/> Please state your trading name: SYLVAN GLADE T/A WIGGLE Is this application for: (please tick): Grant of a new licence <input type="checkbox"/> renewal <input type="checkbox"/> variation <input checked="" type="checkbox"/> or transfer <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> (please state): Surname: Ojla Forenames: Jaspal Singh Maiden name or any other surnames you have been known by: Date of birth: [REDACTED] Residential address: [REDACTED] Postcode: [REDACTED] 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 Title (please tick): Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other (please state): Surname: Forenames: Maiden name or any other surnames you have been known by: Date of birth: Residential address: Postcode:
	Title (please tick): Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> (please state): Surname: Forenames: Maiden name or any other surnames you have been known by: Date of birth:



	Residential address: Postcode:	
4.	Application by a Registered Company (complete this section only if the application is by a registered company)	
	Registered company name: Sylvan Glade Limited Registration number: Address of the company's registered office: 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. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> (please state): Surname: Ojla Forenames: Jaspal Singh Maiden name or any other surnames you have been known by: Date of birth: Residential address: Postcode:	
	Role: Secretary Title (please tick): Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> (please state): Surname: Ojla Forenames: Rashwinder Kaur Maiden name or any other surnames you have been known by: Date of birth: [REDACTED] Residential address: [REDACTED] Postcode: [REDACTED]	
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: Ojs Discount Ojs Industrial Park Claybank Rd Portsmouth Postcode: PO3 5SX	Telephone nos. Daytime: [REDACTED] Evening: [REDACTED] Mobile: [REDACTED]
	Residential address: [REDACTED]	Email address: [REDACTED] Website address:
	Please use my Residential address for correspondence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	If you have appointed a legal advisor or other agent to act for you, please give their details and reference number here:	
	Name: Address: Post code 'Phone number: Email address: Reference no.:	

THE PREMISES, VEHICLE, VESSEL OR STALL	
12.	Is the application in respect of: a premises <input checked="" type="checkbox"/> a vehicle <input type="checkbox"/> a vessel <input type="checkbox"/> a stall <input type="checkbox"/>
	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.) Lessee LESSEE .
16.	If the applicant has tenure of the premises other than as freeholder, state: The name and address of the landlord: Ojs Holdings The amount of the annual rental [REDACTED] The length of the unexpired term 15yrs The length of notice required to terminate the tenancy 15yrs
17.	What is the current use of the premises? lap dancing
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 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: Challenge 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
26.	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: as before
(c)	what contact, if any is to be permitted between performers and audience will be permitted: none
(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 1 st 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			
32.	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		
33.	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		
34.	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.		
35.	On what days and at what times will the business will be open:		
	Day	From	To
		(use 24 hour clock)	
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		
	Give details of any proposed exceptions to the hours given		
	all as before		
36.	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.		<input checked="" type="checkbox"/>
37.	Payment (all applicants must complete this section)		
	I will pay the application fee for a sex establishment licence by: Debit or credit card <input type="checkbox"/> Cheque <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (please tick)		
38.	Checklist (all applicants must complete this section)		
	The form is fully completed, signed and dated by each individual, partner or the company secretary		<input checked="" type="checkbox"/>
	The fee is enclosed		<input checked="" type="checkbox"/>
	Continuation sheets, clearly marked to indicate the question numbers, are enclosed		
	Plans and other documents are enclosed		

39.	Declaration (all applicants must complete this section)
	<p>The information contained in this form is true and accurate to the best of my knowledge and belief. I understand that if I make a false statement which I know to be false in any material respect or which I do not believe to be true in connection with an application for the grant of a sex establishment licence I will be guilty of an offence and liable on summary conviction to an unlimited fine.</p> <p>I understand that Southampton City Council may consult other agencies about my suitability to be granted a sex establishment licence, and that those other agencies may include other local authorities and the police.</p> <p>I understand that the purpose of the sharing of this data is to form a full assessment of my suitability to be granted a sex establishment licence. I also understand that the sharing of information about me may extend to sensitive personal data, such as data about any previous criminal offences. Some details will also be displayed in the council's public register of licences.</p> <p>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.</p> <p>I hereby expressly consent to this processing of my data and display of relevant information on the public register.</p>
	An individual applicant (section 2) or all partners (section 3) or the company secretary (section 4) must complete this section
	Signed: _____ Dated <u>21-08-2017</u> Name _____ (please print) <u>Jaspal Ojla</u> Capacity of _____ signatory: <u>Director,</u>
	Signed: _____ Dated _____ Name _____ (please print) _____ Capacity of _____ signatory: _____
	Signed: _____ Dated _____ Name _____ (please print) _____ Capacity of _____ signatory: _____
	Signed: _____ Dated _____ Name _____ (please print) _____ Capacity of _____ signatory: _____