



Application for the RENEWAL of a Sex Establishment Licence

Please read the following notes before completing this form

- A** All questions must be answered except where otherwise stated. If relevant questions are not answered, the application form will be rejected and returned to the applicant for amendment.
- B** 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 an unlimited fine.
- C** 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.
- D** When fully completed, a copy of this form, plans and other accompanying documents must be sent to the Chief Officer of Police:
- E-mail: force.licensing@hampshire.pnn.police.uk
 Phone: 023 8053 3368
 Post/in person: Force Licensing Team, Hampshire Constabulary, Southampton Police Office, Civic Centre, Southampton SO14 7LY
- E** Send this fully completed form, together with the fee, plans and accompanying documents to the Council's Licensing Team at the address below.

Contacting the Licensing Team:

If you require further information, you may contact the Licensing Team as follows:

- Email: licensing@southampton.gov.uk
 Post: Licensing Team,
 Phone: 023 8083 3002 (option 4)
 In person: Licensing Team, Civic Centre, Southampton SO14 7LY
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Payments

You must pay for your licence application before it can be accepted. We can accept payment by debit or credit card, by cheque or in cash. Please note that a subsequent failure of a cheque to clear will invalidate your application and may give rise to a criminal offence.

Application for a Sex Establishment Licence

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

| | |
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| 1. | General information (all applicants must complete this section) |
| | <p>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"/></p> <p>Are you applying as: (please tick): An individual <input type="checkbox"/> A registered company <input checked="" type="checkbox"/> A partnership <input type="checkbox"/></p> <p>Please state your trading name: Wiggle</p> <p>Is this application for: (please tick): Grant of a new licence <input type="checkbox"/> renewal <input checked="" type="checkbox"/> variation <input type="checkbox"/> or transfer <input type="checkbox"/> of an existing licence? If renewal, variation or transfer, please provide the existing licence number: 2023/00277/19sexe</p> |
| | THE APPLICANT |
| 2. | Application by an Individual (complete this section only if the application is by an individual) |
| | <p>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):</p> <p>Surname: _____ Forenames: _____</p> <p>Maiden name or any other surnames you have been known by:</p> <p>Date of birth:</p> <p>Residential address:</p> <p>Postcode:</p> <p>Position/Role in the business:</p> |
| 3. | Application by a Partnership (complete this section only if the application is by a partnership) |
| | <p>You must supply information in respect of every partner – where there are more than two partners then please use a continuation sheet</p> <p>Title (please tick): Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other (please state):</p> <p>Surname: _____ Forenames: _____</p> <p>Maiden name or any other surnames you have been known by:</p> <p>Date of birth:</p> <p>Residential address:</p> <p>Postcode:</p> |
| | <p>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):</p> <p>Surname: _____ Forenames: _____</p> <p>Maiden name or any other surnames you have been known by:</p> <p>Date of birth:</p> |

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| | 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: 08935209 Address of the company's registered office: 1 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: Director 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: Director 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: 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: Ojs Ind. Park, Claybank Road, Portsmouth Postcode: PO3 5SX Telephone nos. Daytime: Evening: Mobile: |
| | Residential address: Postcode: Email address: Website address: wigggleclub.com |
| | 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.: |

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| 6. | <p>Criminal Convictions (all applicants must complete this section)</p> <p>Have you, any partners in the business, any directors of the company, or any other person mentioned in this application, ever been convicted of an offence or been the subject of any enforcement action in relation to a sex establishment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (please tick)</p> <p>If "yes" you must provide details for each conviction/enforcement action, the date of the conviction/enforcement action, the name and location of the convicting court, offence of which you were convicted/the nature of the enforcement action and the sentence/penalty imposed:</p> <p>(where necessary please use a continuation sheet)</p> | |
| 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 | Yes |
| 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 | <input checked="" type="checkbox"/> |
| 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? 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% | No |
| 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 |

| THE PREMISES, VEHICLE, VESSEL OR STALL | |
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| 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: 186/188, Above Bar Street 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 |
| 16. | If the applicant has tenure of the premises other than as freeholder, state: The name and address of the landlord: OJS HOLDINGS Ojs ind. Park Claybank Road Portsmouth The amount of the annual rental; £ The length of the unexpired term The length of notice required to terminate the tenancy |
| 17. | What is the current use of the premises? lap dancing Club |
| 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: 2 SIA REGISTERED STEWARDS |

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| 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: OVER 25 AGE VERIFICATION POLICY Only photographic passport or driving licence accepted |
| 25. | Give full details of any proposed exterior signage, advertising, window displays etc. at the premises - include photographs, illustrations etc.: as before no changes |
| 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: All windows are blacked out. Enclosed lobby on entrance |
| 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: Pole dancing on a stage and personal dances in separate area monitored by cctv and a supervisor |
| (b) | arrangements for the separation of performers and audience: |
| (c) | what contact, if any is to be permitted between performers and audience will be permitted: no contact |
| (d) | where sexual entertainment will take place (e.g. open areas, private booths or both): both |
| (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: Security staff and CCTV. Violation of the code of conduct will result in dismissal |
| (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? All staff have to show photographic id. utility bill N.I no. These are photographed and kept. |
| TYPE OF APPLICATION | |
| 28. | Renewal 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: 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? No |

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 | | | | |
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| 32. | Give details of the person who will be responsible for the day to day management of the business ("the manager"): Full name: Taran Singh Ojla Residential address: Postcode: Date of birth: | | | |
| 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? No | | | |
| 34. | Give details of the arrangements for the day to day management of the premises in the absence of the manager: Jaspal Ojla 171, Southampton Rd titchfield PO14 4PR or Chloe Franklin Nash of 14, Mill Rd, Totton, Southampton SO14 3AE 23/09/90 will cover when the manager is away 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 | Give details of any proposed exceptions to the hours given |
| | | (use 24 hour clock) | | |
| | Monday | 10:00 | 06:00 | |
| | Tuesday | 10:00 | 06:00 | |
| | Wednesday | 10:00 | 06:00 | |
| | Thursday | 10:00 | 06:00 | |
| | Friday | 10:00 | 06:00 | |
| | Saturday | 10:00 | 06:00 | |
| | Sunday | 10:00 | 06:00 | |
| 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 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 checked="" type="checkbox"/> Cheque <input 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 type="checkbox"/> |
| | Continuation sheets, clearly marked to indicate the question numbers, are enclosed | | | |
| | Plans and other documents are enclosed | | | |

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| 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>17/01/2024</u> Name _____ Name (please print) <u>Jaspal Ojla</u> Capacity of signatory: _____ <u>Director</u> |
| | Signed: _____ Dated _____ Name _____ Name (please print) _____ Capacity of signatory: _____ |
| | Signed: _____ Dated _____ Name _____ Name (please print) _____ Capacity of signatory: _____ |
| | Signed: _____ Dated _____ Name _____ Name (please print) _____ Capacity of signatory: _____ |