

Application for a Sex Entertainment Venue To be Granted/Renewed/Transfer/Varied

Before completing this form please read the guidance notes at the end of the form. If you are completing by hand please write legibly in block capitals in black ink. Use additional sheets if necessary.

I/we _____ apply for a [new] [renew] [transfer]
[variation] Sex Entertainment licence for the premise described in part 1 below.

| | |
|----------------------------------|----------|
| Part 1 - Premises details | |
| Name of business | |
| Address | |
| Town | Postcode |
| Premises telephone number | |

Part 2 – Applicants details

Please state below whether you are applying for a licence as:

Please tick Yes

- a) an individual or individuals Please complete section A
- b) a person other than an individual
- i. as a limited company Please complete section B
 - ii. as a partnership Please complete section B
 - iii. as an unincorporated Please complete section B
 - iv. association
 - v. other (e.g. statutory corporation) Please complete section B

If you are completing Section B below then leave Section A blank

Section A (for individual applicants only)

| | | | | |
|--|-----|----|---------------|----------------|
| 1. Your personal details | | | | |
| Title: Mr / Mrs / Miss/ Ms / Other (please state) | | | | |
| Surname; | | | | |
| Forenames: | | | | |
| Previous names (if relevant) please enter details of any previous names or maiden names. Please continue of a separate sheet if necessary. | | | | |
| Title: Mr / Mrs / Miss / Ms / Other (please state) | | | | |
| Surname: | | | | |
| Forenames: | | | | |
| I am 21 years old or over Please tick | Yes | No | Date of Birth | Place of birth |
| National Insurance Number | | | | |
| Passport Details (nationality, issuing office, validity dates) | | | | |
| Address Where Ordinarily Resident | | | | |
| Please provide full details of addresses where ordinarily resident during the past 5 years) | | | | |
| 1. | | | | |
| Post Town | | | Postcode | |
| Ordinarily resident from: | | | To: | |
| 2. | | | | |
| Post Town | | | Postcode | |
| Ordinarily resident from: | | | To: | |
| 3. | | | | |
| Post Town | | | Postcode | |
| Ordinarily resident from: | | | To: | |

| Telephone numbers |
|--------------------------|
| Daytime: |
| Evening: |
| Mobile: |
| Email: |

Particulars of Convictions – First Applicant

| Court Date | Date of Convictions | Offence Code | Fine or Other Sentence | Comments |
|------------|---------------------|--------------|------------------------|----------|
| | | | | |

Second Individual Applicant (if applicable)

| 1. Your personal details | | | | |
|--|-----|----|---------------|----------------|
| Title: Mr / Mrs / Miss/ Ms / Other (please state) | | | | |
| Surname; | | | | |
| Forenames: | | | | |
| Previous names (if relevant) please enter details of any previous names or maiden names. Please continue of a separate sheet if necessary. | | | | |
| Title: Mr / Mrs / Miss / Ms / Other (please state) | | | | |
| Surname: | | | | |
| Forenames: | | | | |
| I am 21 years old or over Please tick | Yes | No | Date of Birth | Place of birth |
| National Insurance Number | | | | |
| Passport Details (nationality, issuing office, validity dates) | | | | |
| Address Where Ordinarily Resident | | | | |
| Please provide full details of addresses where ordinarily resident during the past 5 years) | | | | |
| 1. | | | | |
| Post Town | | | Postcode | |

| | | | |
|---------------------------|--|----------|--|
| Ordinarily resident from: | | To: | |
| 2. | | | |
| Post Town | | Postcode | |
| Ordinarily resident from: | | To: | |
| 3. | | | |
| Post Town | | Postcode | |
| Ordinarily resident from: | | To: | |

| Telephone numbers | |
|--------------------------|--|
| Daytime: | |
| Evening: | |
| Mobile: | |
| Email: | |

Particulars of Convictions – Second Applicant

| Court Date | Date of Convictions | Offence Code | Fine or Other Sentence | Comments |
|------------|---------------------|--------------|------------------------|----------|
| | | | | |

If you have completed section A, please proceed to Part 3 below and leave section B blank

Section B – For all other types of Applicants

Please provide the name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned. Full details of all directors/partners must be given.

| |
|---|
| Name |
| Registered office/ Address for service of Notices |
| Company registered number (where applicable) |
| Description of applicant (for example Partnership, company, unincorporated association etc) |
| Telephone number |
| Email address |

Details of all Directors/Partners

| Name | Address | Nationality | Date of Birth |
|------|---------|-------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Part 3 – Management of Premises and Style of Operation

Who will be responsible for the day to day management of the premises? Please provide details of all managerial and supervisory staff involved in the running of the premises.

| 1. Managers personal details | | | | |
|--|-----|----|---------------|----------------|
| Title: Mr / Mrs / Miss/ Ms / Other (please state) | | | | |
| Surname; | | | | |
| Forenames: | | | | |
| Previous names (if relevant) please enter details of any previous names or maiden names. Please continue of a separate sheet if necessary. | | | | |
| Title: Mr / Mrs / Miss / Ms / Other (please state) | | | | |
| Surname: | | | | |
| Forenames: | | | | |
| I am 21 years old or over Please tick | Yes | No | Date of Birth | Place of birth |
| National Insurance Number | | | | |
| Passport Details (nationality, issuing office, validity dates) | | | | |
| Address Where Ordinarily Resident | | | | |
| Please provide full details of addresses where ordinarily resident during the past 5 years) | | | | |
| 1. | | | | |
| Post Town | | | Postcode | |
| Ordinarily resident from: | | | To: | |
| 2. | | | | |
| Post Town | | | Postcode | |
| Ordinarily resident from: | | | To: | |
| 3. | | | | |
| Post Town | | | Postcode | |
| Ordinarily resident from: | | | To: | |

Phone numbers

Daytime:

Evening

Email address

Particulars of Convictions – Managers

| Court Date | Date of Convictions | Offence Code | Fine or Other Sentence | Comments |
|------------|---------------------|--------------|------------------------|----------|
| | | | | |

1. Supervisors personal details

Title: Mr / Mrs / Miss/ Ms / Other (please state)

Surname;

Forenames:

Previous names (if relevant) please enter details of any previous names or maiden names. Please continue of a separate sheet if necessary.

Title: Mr / Mrs / Miss / Ms / Other (please state)

Surname:

Forenames:

I am 21 years old
or over
Please tick

Yes

No

Date of Birth

Place of birth

National
Insurance
Number

Passport Details
(nationality,
issuing office,
validity dates

Address Where Ordinarily Resident

Please provide full details of addresses where ordinarily resident during the past 5 years)

1.

Post Town

Postcode

Ordinarily resident from:

To:

| |
|----|
| 2. |
|----|

| | |
|-----------|----------|
| Post Town | Postcode |
|-----------|----------|

| | |
|---------------------------|-----|
| Ordinarily resident from: | To: |
|---------------------------|-----|

| |
|----|
| 3. |
|----|

| | |
|-----------|----------|
| Post Town | Postcode |
|-----------|----------|

| | |
|---------------------------|-----|
| Ordinarily resident from: | To: |
|---------------------------|-----|

| Phone numbers | |
|---------------|--|
| Daytime: | |
| Evening | |
| Email address | |

Particulars of Convictions – Supervisors

| Court Date | Date of Convictions | Offence Code | Fine or Other Sentence | Comments |
|------------|---------------------|--------------|------------------------|----------|
| | | | | |

| 1. Particulars of Other Managerial/Supervisory Staff | | | | |
|--|-----|----|---------------|----------------|
| Title: Mr / Mrs / Miss/ Ms / Other (please state) | | | | |
| Surname; | | | | |
| Forenames: | | | | |
| Previous names (if relevant) please enter details of any previous names or maiden names. Please continue of a separate sheet if necessary. | | | | |
| Title: Mr / Mrs / Miss / Ms / Other (please state) | | | | |
| Surname: | | | | |
| Forenames: | | | | |
| I am 21 years old or over Please tick | Yes | No | Date of Birth | Place of birth |
| National | | | | |

| | |
|---|----------|
| Insurance Number | |
| Passport Details (nationality, issuing office, validity dates) | |
| Address Where Ordinarily Resident Please provide full details of addresses where ordinarily resident during the past 5 years) | |
| 1. | |
| Post Town | Postcode |
| Ordinarily resident from: | To: |
| 2. | |
| Post Town | Postcode |
| Ordinarily resident from: | To: |
| 3. | |
| Post Town | Postcode |
| Ordinarily resident from: | To: |

| |
|----------------------|
| Phone numbers |
| Daytime: |
| Evening |
| Email address |

Particulars of Convictions – Other Managerial/Supervisory Staff

| Court Date | Date of Convictions | Offence Code | Fine or Other Sentence | Comments |
|------------|---------------------|--------------|------------------------|----------|
| | | | | |

Part 4 – Operating Schedule

| | |
|--|--|
| Date you want the licence to start? | |
| If you want the licence to be valid only for a limited period, what date so you want the licence to end? | |

| Hours premises are open to the public | | |
|---|-------|--------|
| | Start | Finish |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |
| Details of any non – standard or seasonal variations: | | |
| | | |

Please give a general description of the premises, including the following information.

Style of operation

Management Structure

Experience of running a similar establishments (full details to be provided)

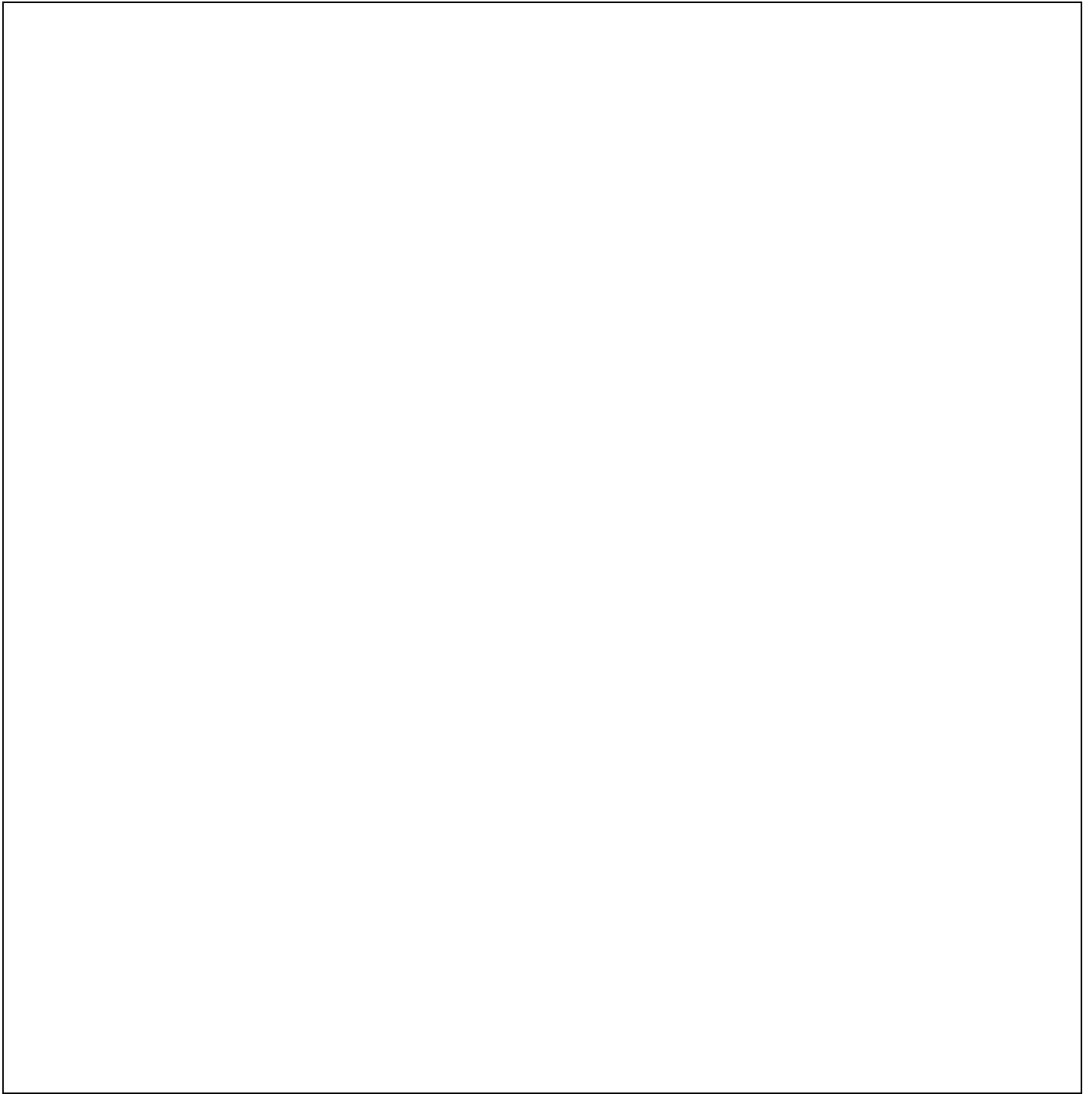
Detail of variation applying for (if you are submitting a variation of the existing premises licence)

Details of Welfare provisions for performers

How you intend to address the conditions in Castle Point Borough Council's Standard Conditions for Sex Establishment Venues.

| |
|--|
| |
|--|

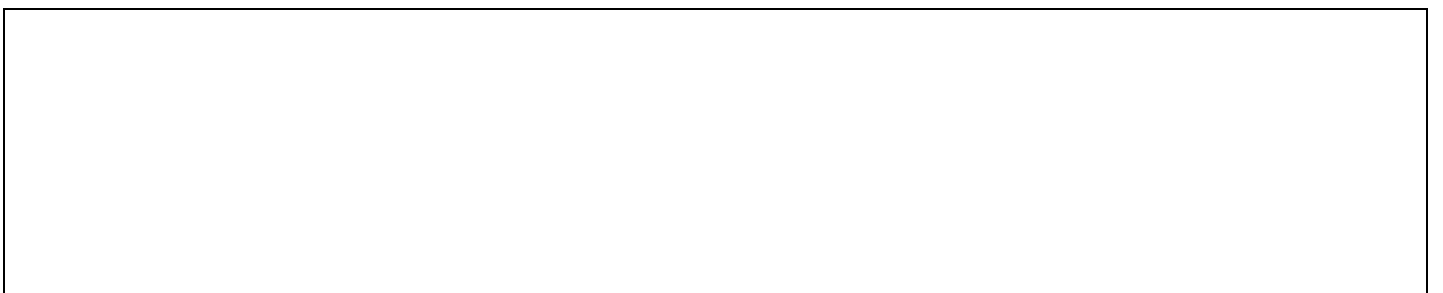
Continued below



Part 5 – Plan of the premises

Please provide a plan of the premises at least to scale 1:100.

Please give details of all advertisements or signs on or in the premises which may be visible from public areas.



Part 6 – Previous licence

Have any of the applicants or other associated with the applicants previously held a licence for a sex establishment? Yes/No

If yes, please give full details including the licensing authority.

Have any of the applicants or others associated with the applicants ever been refused a licence for a sex establishment? Yes/No

If yes give full details

| Part 7 – Checklist I have | Please tick ✓ |
|--|---------------|
| 1. Enclosed two photographs of myself (and for every person whose details have been Included in this application) one of which is endorsed as a true likeness by a solicitor or notary, a person of standing in the community or any individual with a professional qualification , and returned the photograph declaration(s) | |
| 2. Enclosed a set of premises plans to scale 1:100 | |
| 3. Sent (or will send) a copy of this application to South East Licensing , Essex Police within 7 days of today's date | |
| 4. Made or enclosed payment of the fee for this application | |

| | |
|---|------|
| 8. Declaration | |
| The information contained in this form is correct to the best of my knowledge and belief. | |
| It is an offence, knowingly or recklessly, to make a false statement in or in connection with an application for the grant, renewal or variation of a Sex Establishment Venue Licence. (A person is to be treated as making a false statement if he/she produces, furnishes signs or otherwise makes use of a document that contains a false statement). To do so could result in prosecution and a fine not exceeding £2000. | |
| Signature | Date |
| | |

The information provided by you will be held and processed by Castle Point Borough Council in accordance with the Data Protection Act 2018 and the General Data Protection Regulations. The Council will process your data in line with our privacy notices and our policies and procedures. Full details can be found on the Council's website at <https://www.castlepoint.gov.uk/info-governance> or by contacting us for further information.

If you would like a copy of this document in large print, audio tape, Braille, a different format or language please contact the Licensing Unit 01268 882480.

Please return the completed form to:
Licensing Department
Castle Point Borough Council
Kiln Road
Benfleet
Essex SS7 1TF

Notes for guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information that could be relevant.
2. Please give timings in 24 hour clock (e.g.16:00hrs) and only give details of the days of the week when you intend the premises to be used for the activity.
3. The application form must be signed.
4. An applicant agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

5. Where there is more than one applicant, both applicants and their respective agents must sign the application form.
6. The Standard Conditions for Licensing Sex Entertainment Venues in Castle Point Council's area must be read in conjunction with this application.