Main Offices

CHELTENHAM BOROUGH COUNCIL

MUNICIPAL OFFICES

PROMENADE

CHELTENHAM

GL50 1PP

Tel: 01242 775200

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www.cheltenham.gov.uk

LICENCE APPLICATION

**SEX**



\*NOTE\* Please read the explanatory notes attached before completing this application form

**Local Government (Miscellaneous Provisions) Act 1982 Schedule 3**

**APPLICATION FOR A SEX ESTABLISHMENT LICENCE**

**PLEASE NOTE**

**All applicants must complete Section A.**

**Section B to be completed if applicant is a company.**

**All applicants must sign the declaration in Section C.**

**SECTION A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Application type ( please tick ✓ ) | | New application Renewal of existing licence  Transfer oflicence Variation of licence | | | |
|  | |  | | | |
| If renewal please state existing licence number | | Click here to enter text. | | | |
|  | |  | | | |
| Applicant’s details: | |  | | | |
| Surname | | Click here to enter text. | | | |
|  | |  | | | |
| Forename(s) | | Click here to enter text. | | | |
|  | |  | | | |
| Address: | | Click here to enter text. | | | |
|  | | Click here to enter text. | | | |
|  | | Click here to enter text. | | | |
|  | | Post Code: Click here to enter text. | | | |
|  | |  | | | |
| Date of birth [dd/mm/yyyy ] | | Click here to enter text. | | | |
|  | |  | | | |
| National Insurance number | | Click here to enter text. | | | |
|  | |  | | | |
| Daytime telephone number | | Click here to enter text. | | | |
|  | |  | | | |
| Fax number | |  | | | |
|  | |  | | | |
| Email address | | Click here to enter text. | | | |
| Agent acting on behalf of applicant  (eg solicitor) if applicable: | |  | | | |
|  | |  | | | |
| Name of agent: | | Click here to enter text. | | | |
|  | |  | | | |
| Address of agent: | | Click here to enter text. | | | |
|  | | Click here to enter text. | | | |
|  | | Click here to enter text. | | | |
|  | | Post code Click here to enter text. | | | |
|  | |  | | | |
| Daytime telephone number of agent | | Click here to enter text. | | | |
|  | |  | | | |
| Email address of agent | | Click here to enter text. | | | |
|  | |  | | | |
| Name under which the business is to be known and traded as | | Click here to enter text. | | | |
|  | |  | | | |
| Address of premises for which this  application is made | | Click here to enter text. | | | |
| Click here to enter text. | | | |
|  | | Click here to enter text. | | | |
|  | | Click here to enter text. | | | |
|  | | Post code Click here to enter text. | | | |
|  | |  | |  | |
| For what purpose do you intend to use this premises?  eg sex shop | | Click here to enter text. | |  | |
|  | |  | |  | |
| Do you have planning consent to use the premises stated above for the purpose intended?  (please provide details, and forward appropriate documentation to evidence this) | | Click here to enter text. | |  | |
|  | |  | |  | |
| If this application relates to a vehicle, vessel or stall please give description (including site to be situated on) | | Click here to enter text. | |  | |
|  | |  | |  | |
| Proposed days and hours of operation | | Sunday - from Click here to enter text. | | Until Click here to enter text. hours | |
| (please tick ✓ and specify times for each day using the 24 hour clock) | | Monday - from Click here to enter text. | | Until Click here to enter text. hours | |
| eg: 23:00 that day or 02:00 on the  day following | | Tuesday - from Click here to enter text. | | Until Click here to enter text. hours | |
|  | | Wednesday - from Click here to enter text. | | Until Click here to enter text. hours | |
|  | | Thursday - from Click here to enter text. | | Until Click here to enter text. hours | |
|  | | Friday - from Click here to enter text. | | Until Click here to enter text. hours | |
|  | | Saturday - from Click here to enter text. | | Until Click here to enter text. hours | |
|  | |  | |  | |
|  | |  | |  | |
| Have you ever been convicted by a Court for any offence which is not now spent under the terms of the Rehabilitation of Offenders Act 1974? | | **Yes  No**  (please tick ✓ as appropriate) | |  | |
|  | |  | |  | |  |
| If **Yes**, please give details  All unspent convictions must be disclosed (if renewal application, since you last applied for a licence) | |  | | (please continue on a separate sheet if necessary) | |  |
| **Date of**  **Conviction** | | **Name of**  **Convicting Court** | | **Nature of Offence** | | **Sentence**  **(if imposed)** | |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |  | |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |  | |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |  | |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |  | |
|  | |  | |  | |  | |
| Are there any criminal proceedings against you pending? | | **Yes  No**  (please tick ✓ as appropriate) | |  | |  | |
|  | |  | |  | |  | |
| If **Yes**, please give full details including date of hearing and name of Court | | Click here to enter text. | |  | |  | |
|  | |  | |  | |  | |
| Have you been a director or company secretary of a company involved in the ownership or operation of a licensed sex establishment previously? | | **Yes  No**  (please tick ✓ as appropriate) | |  | |  | |
|  | |  | |  | |  | |
| If **yes**, please give details | | Click here to enter text. | |  | |  | |
|  | |  | |  | |  | |
| Were there any convictions recorded against that company? | | **Yes  No**  (please tick ✓ as appropriate) | |  | |  | |
|  | |  | |  | |  | |
| If **yes**, please give details | | Click here to enter text. | |  | |  | |
|  | |  | | | |
| **SECTION B** | | **To be completed if the applicant is a company** | | | |
|  | | | | | |
| Company name | | Click here to enter text. | | | |  | | |
|  | |  | | | |  | | |
| Company address | |  | | | |  | | |
|  | | Click here to enter text. | | | |  | | |
|  | | Click here to enter text. | | | |  | | |
|  | | Post code Click here to enter text. | | | |  | | |
|  | |  | | | |  | | |
| Company telephone number | | Click here to enter text. | | | |  | | |
|  | |  | | | |  | | |
| Company fax number | | Click here to enter text. | | | |  | | |
|  | |  | | | |  | | |
| Company email address | | Click here to enter text. | | | |  | | |
|  | | | | | |
| Full names and private addresses of all directors or other persons responsible for management of the company: | | | | | |
| 1 | | 2 | | 3 | |
| Name: Click here to enter text. | | Name: Click here to enter text. | | Name: Click here to enter text. | |
| Address:  Click here to enter text. | | Address: Click here to enter text. | | Address: Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
| Post Code: Click here to enter text. | | Post Code: Click here to enter text. | | Post Code: Click here to enter text. | |
| Date of birth: | | Date of birth: Click here to enter text. | | Date of birth: Click here to enter text. | |
| National Insurance no.  Click here to enter text. | | National Insurance no. | | National Insurance no.  Click here to enter text. | |
|  | | Click here to enter text. | |  | |
|  | |  | | | |
| Any convictions recorded against that person or those persons | | | | | |
| **Name**  **and date of**  **conviction** | **Name of**  **convicting Court** | | **Nature of**  **offence** | | **Sentence**  **(if imposed)** |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  | |  | | | |
| Are there any criminal proceedings against that person or those persons pending? | | **Yes  No**  (please tick ✓ as appropriate) | | | |
|  | |  | | | |
| If **Yes**, please give full details including date of hearing and name of Court | | Click here to enter text. | | | |

**SECTION C Declaration**

**PLEASE NOTE**

**This application must be signed by the applicant personally or, in the case of a company, by a director or other duly authorised agent of the company.**

I/We confirm that the contents of this application are true and correct.

I/We agree that if a licence is granted by Cheltenham Borough Council for a sex establishment licence, that I/we will comply with all Acts, Byelaws, Regulations and Conditions relating thereto and for the time being in force.

I/We understand that non-compliance with any relevant Acts, Bylaws, Regulations and Conditions will prejudice the continuance of any licence granted.

This authority is obligated to process information fairly and lawfully. I understand that the council will process the information I have provided on this form in accordance with the relevant privacy statement available at <https://www.cheltenham.gov.uk/your-data>.

I/We, the undersigned, hereby apply for registration as a sex establishment within the Borough of Cheltenham and I/we declare that to the best of my/our knowledge and belief the foregoing statements are true and correct.

I/We understand that this licence will expire 1 year after it has first been granted or after a period of time decreed by the Licensing Committee, and a newly completed application form will need to be submitted to the local authority **two months before the expire of the existing licence, together with the licence fee current at that time.**

I/We understand that I/we must submit a copy of this application form to the chief officer of police for the area in which the premises are located.

Signature of applicant (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (s) in BLOCK CAPITALS\_\_\_\_\_\_\_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity in which application is signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_

(see note above)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_

**How to apply for a sex establishment licence**

This application and the appropriate supporting documentation should be forwarded to the Licensing Team at the address on the front of this form.

**Please read the guidance notes that accompany this application form**. Failure to comply with the application procedure could result in a licence not being granted.

The following are required in order to proceed with the application:-

* **Application form** (all sections completed)
* **Plan** delineating the specific rooms or premises to which this application

relates, with escape routes (in case of emergency) indicated.

* **Location plan** showing the vicinity of the proposed premises with the premises themselves clearly marked.
* **Planning consent** **documentation** as confirmation that you have permission to use the

premises for the purpose for which you are making this application.

* Any **additional information** in support of the application.
* **What you need to show to establish your identity**

*This will be required from the applicant named in Section A*

* **Driving Licence original(s)** **for inspection** **(paper and photo card**

**counterpart)** which will be photocopied by an officer from Licensing Team.

*If you do not have a valid photo card driving licence then a valid passport*

*must be shown to the Licensing Officer.*

* + - **If none of the above are available then please supply one of the following**

**original documents-**

Original birth certificate (or similar official document if born outside UK )

P45 / P60 Statement

Marriage certificate

If you have any queries or require assistance in completing the application form, please contact our Licensing Team at the address on the front of this form, or telephone 01242 774924.