

Licence for a Sex Establishment
Application for* Gant / Renewal / Transfer / Variation
*(*delete as appropriate)*

1. APPLICANT DETAILS

Surname			
Forenames			
Maiden Name (If applicable)			
Address			
Daytime Tel		Evening Tel:	
Mobile Tel		Nat. Insurance Number	
E Mail Address			
Date of Birth		Place of Birth	
Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?			YES/NO

2. TRADING COMPANY DETAILS

Managing Director			
Company Name			
Address <i>(from which you will be operating)</i> + description			
Company Telephone No			
E Mail Address			
Head/Registered Office Address (If different from above)			
Company Telephone No		Company Email	
VAT Registration No		Company Registration No	

Hours/days of trading	Day	Open	Close
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		

Give full names and private residential addresses of all directors, partners or other persons responsible for management of the establishment:

DETAILS OF PERSON 1

Surname			
Forenames			
Maiden Name (If applicable)			
Address			
Daytime Tel		Evening Tel:	
Mobile Tel		Nat. Insurance Number	
E Mail Address			
Date of Birth		Place of Birth	
Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?	YES/NO		

DETAILS OF PERSON 2

Surname			
Forenames			
Maiden Name (If applicable)			
Address			
Daytime Tel		Evening Tel:	
Mobile Tel		Nat. Insurance Number	
E Mail Address			
Date of Birth		Place of Birth	

Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?	YES/NO
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DETAILS OF PERSON 3

Surname			
Forenames			
Maiden Name (If applicable)			
Address			
Daytime Tel		Evening Tel:	
Mobile Tel		Nat. Insurance Number	
E Mail Address			
Date of Birth		Place of Birth	
Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?			YES/NO

3. OFFENCES & CONVICTIONS

<p>Have you or any partners/directors in the company been convicted of ANY offence which is NOT regarded as being “SPENT” under the terms of the Rehabilitation of Offenders Act 1974?</p> <p style="text-align: right;">YES / NO</p>

If YES, please give details of the relevant conviction(s) in the table below:-

Person No. <i>(from above)</i>	Which Court	Date of Conviction	Offence Charged	Sentence of Court

- (a) All convictions must be disclosed.
- (b) Spent convictions, as defined in the Rehabilitation of Offenders Act 1974, should not be included.

4. Are the premises to be used as a sex shop? YES / NO

5. Are you (or, if a corporate body, that body) disqualified from holding a licence for a sex establishment YES / NO

6. Have you ever been refused a licence for a sex establishment? YES / NO
If yes, please give details:

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7. Do you have any other information you wish to provide in support of your application?

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(Continue on a separate sheet if necessary)

8. I declare that I have checked the information given on this application form and to the best of my knowledge and belief, it is correct.

Date

Signed

Official Use Only

Date sent to Applicant:
Date received back from Applicant:
Date sent to Departments/Organisations:
Date received back from Planning:
Date received back from Environmental Services:
Date received back from the Police: