



Application for the Grant, Renewal, Transfer or Variation of a Sexual Entertainment Venue Licence



Schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982

Stratford-on-Avon District Council, Licensing Team

Governance and Democracy, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX

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If you find the text on this form difficult to read we may be able to supply it in a format better suited to your needs.

DATA PROTECTION

The personal data that you provide will be used in the determination of your application, matters in connection with any licence issued and for reference in the event of future applications you might make, the legal basis for this processing is that it is necessary for compliance with the legal obligations to which Stratford-on-Avon District Council is subject.

You must complete this form in order for us to determine your suitability for a licence and enable us to administer your licence should any be granted. If you do not complete this form we will not be able to determine your suitability for a licence or administer any licence issued, so the licence application will be refused.

Your personal data may be shared with Warwickshire Police, Warwickshire Fire and Rescue Service, Councillors who sit on the licensing committee in the case of your application/licence requiring their attention, some information will be publically available should your application be heard by a licensing committee, internal council departments who require access to your information for the purposes of administration, regulation and law enforcement, the Cabinet Office as part of the National Fraud Initiative, HM Revenue and Customs, National Anti-Fraud Network.

Your data will be kept for the duration of the time you hold a licence issued by Stratford-on-Avon District Council, and will be destroyed 6 years after the date your licence expired.

You have the right to access your personal data and to complain if you think your data is being used incorrectly. You may also have other rights, such as to have your data corrected or erased. For full details on your personal data rights please see the Council's main Privacy Notice on www.stratford.gov.uk

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Part One : Application Form (Part One is open to inspection by the press and public)

Please read the following instructions first

Before completing this form please read the associated guidance notes. 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 written in black ink. Use additional sheets if necessary. Please complete all sections or the application will be deemed incomplete and returned to the applicant.

Applicants are warned that any person who, in connection with the grant, renewal, transfer or variation of a sexual entertainment licence, makes a false statement which they know to be false in any material respect, or which they do not believe to be true, is guilty of an offence and liable on summary conviction to a fine not exceeding £20,000.

Applicants are required to complete part one and part two of the application form, and provide any other documents listed in the form.

You may wish to keep a copy of the completed form for your records.

SECTION A - Details of application

Please specify what type of application you are making: (tick as appropriate)

New Renewal Variation Transfer

Licence number
(if applicable):

SECTION B - Details of premises to be licensed

Is the application in respect of: (tick as appropriate)

Premises Vehicle Vessel Stall

Trading name of premises

Full postal address

(If this application is in respect of a vehicle, vessel or stall, then the location where it will be used)

Postcode

Premises email address

Premises contact number

SECTION C - Applicant details

Please state whether you are applying for a premises licence as: (tick as appropriate)

- a) an individual or individuals please complete box 1
- b) a limited company please complete box 2
- c) a partnership please complete box 2
- d) other please complete box 2

BOX 1 - First individual applicant's details

Name of applicant

Address (Please do not complete if this is a private residential address – This information is provided in Part 2)

Postcode

Applicant aged over 18 Yes No (tick as appropriate)

BOX 1 - Second individual applicant's details (Insert pages if necessary for more than 2 applicants)

Name of applicant

Address (Please do not complete if this is a private residential address – This information is provided in Part 2)

Postcode

Applicant aged over 18 Yes No (tick as appropriate)

BOX 2 - Other applicant's details

Name of applicant

Registered number

Registered address

Postcode

SECTION D - Premises details

1. What is the nature of the applicant's interest in the premises? a) Freehold b) Leasehold
2. If the applicant's interest in the premises is a leasehold one, please state whether it is a a) Head lease b) Sub lease
3. Name of landlord (if applicable)
Address of landlord (if applicable)

Postcode
4. Name of superior landlord (if applicable)
Address of superior landlord (if applicable)

Postcode
5. Is the whole of the premises to be used under the licence? Yes No
6. If "no" please state which part of the premises is to be used for the purpose of the licence:

a) the use to which the remainder of the premises is put

b) the name(s) of those who are responsible for the management of the remainder of the premises
7. Is the premises to be used for the purposes of the licence, so constructed or adapted as to permit access to and from the premises for members of the public who are disabled? Yes No
If "no" please state the applicant's proposals for affording such access

3. Is the whole of the business owned by the applicant, and the applicant does not share the profits of the business with any other person or body? Yes No

If the answer is "No", please state the name(s) of those who will share in the profits of the business. In each case, please state the percentage share of the profits to be taken by each person or body involved in the ownership of the business. Use additional sheets to continue.

Name	<input type="text"/>	Percentage share	<input type="text"/>
Name	<input type="text"/>	Percentage share	<input type="text"/>
Name	<input type="text"/>	Percentage share	<input type="text"/>
Name	<input type="text"/>	Percentage share	<input type="text"/>
Name	<input type="text"/>	Percentage share	<input type="text"/>
Name	<input type="text"/>	Percentage share	<input type="text"/>

SECTION G - Advertising details

1. What advertisement(s) or display(s) are to be exhibited on the exterior of the premises?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

2. Please state the size(s) of any advertisement(s) or display(s) mentioned in the above question

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

3. Please state any proposals for solicitation of the business in public areas. E.g. fliers, business cards, billboard advertising, personal solicitation or advertising on motor vehicles

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

SECTION I - Management of the premises

Each person named in this section will need to complete Part 2 of the application – Personal Details Form

1. Please give the name of the person who will be responsible for the day to day management of the premises. (“the Manager”)

Name

Role

2. Will this person be based at the premises and will the management of the premises be their sole and exclusive occupation? Yes No
3. If “No”, then please give details of how they are responsible for the day to day management, and what other arrangements are in place for the management of the premises.

4. Which person(s) will be responsible for the day to day management in the absence of the Manager (Use continuation sheets if necessary):

Name

Role

Name

Role

Name

Role

Name

Role

Name

Role

Name

Role

5. Please confirm that at least one of the people named in this section will be at the premises at all times whilst it is open. Yes No

SECTION K - Additional documentary requirements

The applicant must provide the following documentation, in addition to those documents already requested in prior sections of this application form.

Documents included with this application

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. The prescribed fee, in the form of a cheque made payable to Stratford-on-Avon District Council | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Written consent of the lawful occupier of the premises or land who has control over the premises or land | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Code of practice for dancers/performers | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Policy for welfare of dancers/performers | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Code of practice for customers | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. A personal details form (Part 2 of the application form) for each person named in the application | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. A recent passport size photograph for each person named in the application, each copy bearing the name in block capitals of the person whose likeness it bears. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. A site/location plan, (scale 1:1250) to show the location of the premises | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. A premises plan (scale 1:100) of the premises, vehicle, vessel or stall in respect of which the licence is sought, showing:
a) The internal layout of the premises including stage, bars, cloakroom, WCs, performance areas, dressing rooms, kitchen, and any external areas to be used (e.g. smoking areas).
b) Public areas and staff/private areas to be clearly defined
c) Uses for different areas in the premises (e.g. performance areas, reception etc.)
d) Any fixed structures or objects
e) all means of ingress and egress from the premises
f) Position of CCTV cameras
g) The location and type of any fire safety and any other safety equipment
h) The location of emergency exits
i) The position of ramps, lifts or other facilities for the benefit of disabled people.
j) Any parts of the premises that may be inaccessible to disabled people.
Other standard metric scales may be acceptable if more practical for the size of the premises. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. A drawing (scale 1:100) showing the front elevation as existing (and as proposed if changes are to be made to it) of the premises, vehicle, vessel or stall in respect of which the licence is sought. Other standard metric scales may be acceptable if more practical for the size of the premises. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Evidence of public notice and service

- 12. Complete copy of the newspaper advert advertising the application Yes No
- 13. Copy of the notice displayed on or near the premises advertising the application Yes No
- 14. Copy of affidavit or statutory declaration that the notice of application has been displayed on or near the premises, in a place where the notice can be conveniently read by the public as required by paragraph 10(10) schedule 3 to the Local Government (Miscellaneous Provisions) Act 1982 (as amended). Yes No
- 15. Evidence of the due service upon the Chief officer of police as required by paragraph 10(14) schedule 3 to the Local Government (Miscellaneous Provisions) Act 1982 (as amended), of a copy of this application and its required documentation. Yes No

SECTION L - Correspondence and contact details for the application

Name	<input type="text"/>
Organisation	<input type="text"/>
Position/role (e.g. Solicitor/ Agent for the applicant)	<input type="text"/>
Postal address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Contact number	<input type="text"/>
Contact email address	<input type="text"/>

SECTION M - Private information

Is there any information on this form which you do not wish to be seen by members of the public? If so, state which information and the reasons why you do not wish it to be seen. Please note, any requests of this nature will be dealt on a case by case basis, and you will be contacted to discuss further if the information is considered necessary for public disclosure.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

SECTION N - Declaration and signature of applicant

The declaration must be signed in all cases :

- a) If the applicant is an individual, by that individual
- b) If the applicant is a partnership, by all individuals who are partners
- c) If the applicant is a company, by a director or the company secretary
- d) In any other case by a duly authorised officer of the applicant

I declare that the information given within this application form, to the best of my knowledge, is true and complete in every respect.

Please use extra pages if necessary

Signed

Name of Signatory

Designation of Signatory

Date (DD/MM/YYYY)

Signed

Name of Signatory

Designation of Signatory

Date (DD/MM/YYYY)

Signed

Name of Signatory

Designation of Signatory

Date (DD/MM/YYYY)

Signed

Name of Signatory

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Part Two : Personal Details Form (Part Two is not open to inspection)

A separate form must be completed by every person named in the application, including any individual who will be responsible for management of the premises in the absence of the licence holder. Where the applicant is not an individual, then a form should be completed for each director or partner etc.

This part of the application will not be made publicly available, but will be made available to officers of the Council, a sub-committee or committee determining the application and to other relevant public bodies such as the Police.

Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Previous name(s)	<input type="text"/>
Gender	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Place of Birth	<input type="text"/>
Date of becoming a UK resident (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Permanent residential address:	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/>
Any previous address within the last 3 years	<input type="text"/> <input type="text"/> <input type="text"/>
Previous address postcode	<input type="text"/> <input type="text"/>
Position in relation to the applicant (e.g. Director, Partner, Manager etc)	<input type="text"/>

1. Have you ever been convicted of a criminal offence, whether in the UK or elsewhere? Yes No

If "Yes", please complete the details below: Continue on a separate sheet if necessary.

Name at time of conviction	Date of conviction (DD/MM/YYYY)	Place of conviction	Nature of offence	Sentence

2. To your knowledge, are you currently the subject of any criminal investigation? Yes No

If "Yes", please provide full details: Continue on a separate sheet if necessary.

3. Have you ever had any civil legal action taken against you? Yes No

If "Yes", please provide full details: Continue on a separate sheet if necessary.

4. Have you ever been disqualified from holding a sex establishment licence? Yes No

If "Yes", please provide full details: Continue on a separate sheet if necessary.

5. Have you ever been involved in the management of a business, whether as a proprietor, director, company secretary, partner, manager, supervisor or otherwise which has had any of the following types of licence refused, reviewed or revoked?

Sex Establishment licence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Licence for the sale or supply of alcohol	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Licence for the provision of entertainment, whether sexual or otherwise.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Personal licence under the Licensing Act 2003	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes to any of the above, please provide full details: Continue on a separate sheet if necessary.

6. Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement? Yes No

If "Yes", please provide full details: Continue on a separate sheet if necessary.

7. Have you ever been disqualified from acting as a company director? Yes No

If "Yes", please provide full details: Continue on a separate sheet if necessary.

