



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

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

Part Two: Personal Details Form

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) Date of Birth

Surname Place of Birth

Previous Name(s) Date of becoming a UK resident

Gender

Permanent Address:

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Any previous address within the last 3 years

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Position in relation to the applicant
(eg Director, Partner, Manager etc)

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:

Name at time of conviction	Date of conviction	Place of conviction	Nature of offence	Sentence

Please continue on a separate sheet if necessary.

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

If yes please provide full details:

3. Have you ever had any County Court Judgements against you? Yes No

If yes please provide full details:

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

If yes please provide full details:

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 No

Licence for the sale or supply of alcohol Yes No

Licence of the provision of entertainment, whether sexual or otherwise. Yes No

Personal licence under the Licensing Act 2003 Yes No

If yes to any of the above, please provide full details:

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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:

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

If yes please provide full details:

8. Please state any further information that you wish to be taken into account when the application is considered.

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I declare that the information on this form is true and complete.

Name Date

Position