



**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 one of this form 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.

Part One: Details of Application

Section A: Type of Application

Please specify what type of application you are making:

New **Renewal** **Variation** **Transfer**

Licence Number (if applicable):

Section B: Premises to be licensed

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

Premises **Vehicle** **Vessel** **Stall**

Trading name and full postal address of premises to be licensed
(If this application is in respect of a Vehicle, Vessel or Stall, then the location where it will be used)

Name:

Address:

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Post Town	Postcode
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Premises Email address	Premises contact telephone number(s)
.....

Section C: Application Details

Please state whether you are applying for a premises licence as

a) an individual or individuals please completed box (1)

b) a limited company please completed box (2)

c) a partnership please completed box (2)

d) other please completed box (2)

(1) First Individual Applicant Details

Mr Mrs Miss Ms Other

First Names Surname

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

Age of applicant Over 18: Yes No

(2) Second Individual Applicant Details (Insert further pages if necessary for more than 2 applicants)

Mr Mrs Miss Ms Other

First Names Surname

Address *Please do not complete if this is a private residential address – This information is provided in Part 2*
.....
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Age of applicant Over 18: Yes No

(2) Other Applicant Details			
Name		
Registered Number		
Description of applicant		
Registered Address		
Post Town	Postcode

Section D: Premises Details	
1.	What is the nature of the applicant's interest in the premises (please tick as appropriate).
	a) Freehold <input type="checkbox"/>
	b) Leasehold <input type="checkbox"/>
2.	If the applicant's interest in the premises is a leasehold once, please state whether it is a:
	a) Head lease <input type="checkbox"/>
	b) Sub lease <input type="checkbox"/>
3.	The name and full address of the landlord (if applicable)

4.	The name and full address of the superior landlord (if applicable)

5. Is the whole of the premises to be used under the licence?

a) Yes

b) No

2. If "no" please state which part of the premises is to be used for the purposes of the licence:

.....

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

.....

b) the names(s) of those who are responsible for the management of the remainder of the premises

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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?

a) Yes

b) No

If "no" please state the applicant's proposals for affording such access.

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8. Is the premises, vehicle, vessel or stall which is to be used for the purposes of the licence, in use as a sex establishment at the date of this application?

a) Yes

b) No

If the answer is "yes" please state the name and full address of the person(s) or body who operated the premises, vehicle, vessel or stall as a sex establishment at the date of this Application, and the date (where known) when the premises, vehicle, vessel or stall was first used as such.

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Section F: Business Details

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

1. Under what name will the business be trading?

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2. If the applicant is a company or other corporate body, please give the names of the applicants, directors and company secretary:

Name

.....

.....

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.....

Use additional sheets to continue if necessary.

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?

a) Yes

b) No

If the answer is “no”, please state the names of other owners and 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.

Name Percentage Share

Name Percentage Share

Name Percentage Share

Name Percentage Share

Name Percentage Share

Use additional sheets to continue if necessary.

Section G: Advertising Details

When considering types of advertising in this section, please refer to the Councils Standard Conditions on Touting for Business and Premises Appearance, which are attached to the Sex Establishment Policy.

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

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

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

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Section H: Operation of Premises

1. Please state the proposed opening times of the premises, vehicle, vessel or stall:
(Give times in 24 hour clock format)

Day	Opening	Closing
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

2. What means are to be taken to prevent the interior of the premises, vehicle, vessel or stall for which the licence is sought from being visible to passers-by?

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3. Have you read and understood the Councils standard conditions for sexual entertainment Venues?

a) Yes

b) No

4. Are you able to comply with the Councils standard conditions for sexual entertainment venues?

a) Yes

b) No

If no, please give the reasons why not:

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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?

a) Yes

b) 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.

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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: Name:

Role: Role:

Name: Name:

Role: Role:

Name: Name:

Role: Role:

Name: Name:

Role: Role:

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	Included
1.	The prescribed fee, in the form of a cheque made payable to the London Borough of Havering.	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 basic criminal records check for each person named in the application.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	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"/>
9.	A site/location plan (scale 1:1250) to show the location of the premises.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	<p>A premises plan (scale 1:100) of the premises, vehicle, vessel or stall in respect of which the licence is sought, showing:</p> <ul style="list-style-type: none"> a) The internal layout of the premises including stage, bars, cloak room, WCs, performance areas, dressing rooms, kitchen, and any external areas to be used (eg smoking areas). b) Public areas and staff/private areas to be clearly defined. c) Uses for different areas in the premises (eg 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. 	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section K: Additional documentary requirements

	Documents included with this application	Included
10.	<p>i) The position of ramps, lifts or other facilities for the benefit of disabled people.</p> <p>j) Any parts of the premises that may be inaccessible to disabled people.</p> <p><i>Other standard metric scales may be acceptable if more practical for the Size of the premises.</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	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 <input type="checkbox"/> No <input type="checkbox"/>
13.	Copy of the notice displayed on or near the premises advertising the application.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

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 acknowledge that I have received a copy of the standard conditions applicable to a sex Establishment licence within the London Borough of Havering, and 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

Name Signature

Position Date

Name Signature

Position Date

