

**APPLICATION FOR GRANT / RENEWAL / TRANSFER / VARIATION
OF LICENCE FOR SEX ESTABLISHMENT**

THE APPLICANT

If the application is made on behalf of an individual, please state:

1. Full Name: _____

2. Permanent Address:

3. Age: _____
Date of Birth: _____
Place of Birth: _____

If the application is made on behalf of a corporate or unincorporated body, please state:

4. Full Name of Body: _____

5. Address of Registered or Principal Officer:

6. Give full names and addresses of ALL Directors or other persons responsible for management of the Establishment:

Name	Address	Age	Date of Birth	Place of Birth

7. Is the applicant or any person named in answer to question 6, concerned in any way financially or otherwise with any other business which controls, manages or supplies sex establishments?

YES / NO

If the answer is YES, give details of the names of the persons concerned, full details of the other business and the nature and extent of the connection:

8. Have you any convictions recorded against you OR if a body corporate or unincorporated body, that body or any of its Directors or other persons responsible for its management?

YES / NO

If the answer is YES, give details below:

Date of Conviction	Offence	Sentence (including suspended sentence)

- a) All convictions must be disclosed.
- b) Spent convictions, as defined at the end of this form should not be included.

9. Have you been resident in the UK throughout a period of SIX MONTHS immediately preceding the date of this application?

YES / NO

10. If the application is made on behalf of a corporate body, is that body incorporated within the United Kingdom?

YES / NO

11. In respect of each individual who is to be responsible for the management of the premises in the absence of the Licence Holder, please supply the following details:

Forename	Surname	Former name (if any)	Permanent address	Date on which became resident in the UK	Date of Birth	Place of Birth

12. Have any of the persons named at any place on this application or their immediate relative or partner any convictions recorded against them? If so, please state:

Date of Conviction	Offence	Sentence (including suspended sentence)

13. Have you any reason to believe that a prosecution may be pending against any of the persons or bodies who are named at any place in this application?

YES / NO

If YES, please give details:

14. Has any person named at any place in this application been associated in any way with any other application for a licence for a Sex Establishment in the United Kingdom?

YES / NO

If YES, give full details (including the address of the premises and the licensing Council's reference)

15. In respect of each of the persons whose names are given anywhere in this application form give details of their occupations during the five years prior to this application. These must include the names and addresses of ALL employers and the nature and dates of employment:

Forename	Surname	Former Name if any	Permanent address during period of employment	Employers name and address	Description or nature of work	Period of employment from / to

THE PREMISES

16. If this application relates to a vehicle/vessel/stall give a description and state where it is to be used as a Sex Establishment:

17. Where the Licence is sought in respect of premises, give the full address of the premises:

18. What is the name of the applicant's interest in the premises? Please state if it is:
(Please tick relevant box)

- a) Freehold
b) Leasehold

19. If the applicant's interest in the premises is leasehold, please state:

- a) The name and address of the Landlord:

- b) The name and address of the superior Landlord (where applicable):

- c) The length of the unexpired term: _____

- d) The length of notice required to terminate the tenancy: _____

20. Has the applicant a financial interest in the business which is the subject of this application?

YES / NO

If YES, please state to what extent the interest exists:

21. Is the whole business owned by the applicant?

YES / NO

22. Are the whole of the premises described at question 17 to be used under the licence?

YES / NO

If the answer is NO, please state:

a) Which part of the premises is to be used for the purpose of this licence:

b) The use to which the remainder of the premises are to be put:

c) The names of those who are responsible for management of the remainder of the premises:

23. Are the premises which are to be used for the purpose 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 the answer is NO, please state (on a separate sheet) the applicant's proposals for affording such access.

24. What means are to be taken to prevent the interior of the premises being visible to passers by?

25. Are the premises, vehicle, vessel or stall in use as a Sex Establishment at the date of this application?

YES / NO

If YES, please give the name and address of the person(s) or body who now operate the business and (where it is known) the date upon which the premises were first used as such:

Name: _____

Address: _____

Date: _____

26. During which hours do you wish to trade? _____

27. On which days do you wish to trade? _____

28. Are the premises to be used as a Sex Shop? YES / NO

29. Are the premises to be used as a Sex Cinema? YES / NO
30. Are the premises to be used as a Sex Encounter Establishment? YES / NO
31. Are you, (or, in a corporate or unincorporated body, that body) disqualified from holding a licence for a Sex Establishment? YES / NO
32. Have you ever been refused a licence for a Sex Establishment? YES / NO
If YES, please give details:

33. If the application is for a licence for a sex shop, state whether any part of the premises is to be used for the purposes of displaying films, video recordings or other moving pictures?

YES / NO

If YES, state whether cubicles are to be provided for viewing and if so, how many?

34. What articles are to be offered for sale?

35. What advertisements or displays are to be exhibited? Please indicate size(s) of proposed displays or advertisements:

36. Is there in force against the applicant or any of the persons named at any place in this application a disqualification from holding a licence for a Sex Establishment under the Local Government (Miscellaneous Provisions) Act 1982?

YES / NO

37. Is there any further information which the applicant would wish the Council to take into account when considering this application?

APPLICANTS ARE WARNED THAT ANY PERSON WHO, IN CONNECTION WITH AN APPLICATION FOR THE GRANT, RENEWAL OR TRANSFER OF A LICENCE, MAKES A FALSE STATEMENT WHICH HE/SHE KNOWS TO BE FALSE IN ANY MATERIAL RESPECT, OR WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE, IS GUILTY OF AN OFFENCE AND LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING TWENTY THOUSAND POUNDS.

DECLARATION

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 and I confirm a copy of this application has been forwarded to the Chief Police Officer.

Signed: Date:

Designation of signatory:

NORTH NORFOLK DISTRICT COUNCIL

Local Government (Miscellaneous Provisions) Act 1982

Re: SEX ESTABLISHMENT LICENCE

This is to certify that I,

Of (address)

have place the required advertisement in the following local newspaper,

.....

on

and have exhibited an A4 size copy of that advertisement on (or near) the premises located at

.....

from (date) to (date)

Signed: Dated:

This application should be completed and returned to:

THE LICENSING SECTION
Health and Corporate Services Directorate
North Norfolk District Council
Council Offices
Holt Road
Cromer
Norfolk NR27 9EN

Please note that the application form must be accompanied by the following:

1. Scale plan of the premises (1.50) in respect of which the licence is sought showing (inter alia) all means of ingress and egress to and from the premises, parts to be used in common with any other building, and details of how the premises lie in relation to the street.
2. Where the business is conducted by or on behalf of a body corporate or unincorporated body, a certified copy of the resolution authorising the application.
3. Where the business is carried on by or on behalf of partners, the written authority for the application of those partners who are not themselves applicants.
4. If the applicant is a Company, copies of the memoranda and Articles of Association of the Company, the parent company and any ultimate holding company.
5. If the application is to be made on behalf of a partnership, a certified copy of the Partnership Deed.

IMPORTANT

A copy of this application MUST also be sent to:

THE CHIEF POLICE OFFICER
Norfolk Constabulary Headquarters
Martineau Lane
NORWICH
Norfolk
NR1 2DJ