

For Office Use	
Reference No	
Fee Paid	
Receipt Number	
Visited	
Officer	
Licence Issued	

The Licensing Authority  
 Scarborough Borough Council  
 Town Hall  
 St Nicholas Street  
 Scarborough  
 YO11 2HG



*A great place to live, work & play*

## Application for Grant/Renewal Of a Sex Establishment Licence

Part ii) and Schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982 as amended by Section 27 of the Policing & Crime Act 2009  
 Please complete in **BLOCK CAPITALS** and **BLACK INK**

Application Type Please tick ✓ yes			
Grant		Renewal	

### Section A – About the Applicant

Question 1	
Please state whether you are applying for a Licence as:	
Please tick ✓ yes	
a) An individual or individuals*	<input type="checkbox"/> please complete question 2
b) As a partnership or other incorporated body	<input type="checkbox"/> please complete question 3 & 4
c) A body corporate	<input type="checkbox"/> please complete question 3 & 4
Question 2 – Individual Applicant	
<b>TITLE</b> (delete as appropriate): Mr Mrs Miss Ms Other (please state)	
Surname	
Forenames	
<b>PREVIOUS NAMES</b> (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)	
<b>ADDRESS</b>	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	

Mobile	
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**EMAIL ADDRESS (if you would prefer us to correspond with you by e-mail)**

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<b>Date of Birth</b>		<b>Gender</b>	<b>Male</b>		<b>Female</b>	
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**Question 3 – Company or other corporate body**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number

Name	
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Registered Address			
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Town		Post Code	
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Registration Number	
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Has the company or other corporate body been known by any other name? if so, please state	
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Have you (or any Director):

Ever been convicted of a criminal offence?      Yes         No  

Ever had a grant or renewal of a sex establishment licence refused or revoked?      Yes         No  

Ever been served with a winding up petition?      Yes         No  

If the answer to any of the above is "yes" please provide details:

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.....

What are the names of the company or corporate body's Directors?

.....

.....

.....

What is the name of the company or corporate body's Secretary?

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Are there persons responsible for the management of the Company other than the Directors and the Company Secretary?

Yes  No

State the names of all persons with a share holding greater than 10% in the company or corporate body

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Is the Applicant a wholly owned subsidiary of another company or corporate body?

Yes  No

If so state the name, place of registration and identity of its Directors and Company Secretary.

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**Go to Question 5**

**Question 4 – Partnership or other unincorporated body**

What is the name of the Partnership or other unincorporated body?

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Are there persons responsible for the management of the Partnership or other unincorporated body other than the partners? If so, state their names.

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.....  
.....

Has the Partnership or other unincorporated body ever had a grant or renewal of a sex establishment licence refused or a sex establishment licence revoked?

Yes  No

If the answer is yes, please provide full details:

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**Go to Question 5**

**Question 5**

Does the Applicant have a trading name different from that given in answer to questions 2, 3 or 4 above?

Yes  No

If so, please state trading name.

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**Question 6**

What is the applicants trading address?

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<b>Town</b>		<b>Post Code</b>	
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**Question 7**

Will the business for which a licence is sought be carried on for the benefit of a person other than the Applicant?

Yes  No

If the answer is Yes, state the name of such person(s). If such person(s) are a company or other corporate body state their place of registration and registered number, and the identity of all Directors, the Company Secretary, and those with a greater than 10% share holding.

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**Question 8**

Does the Applicant operate any other sex establishments, whether licensed or not?

Yes  No

If so, state the name, address and type of sex establishment (e.g. sex cinema, sex shop, sexual entertainment venue) of each.

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**Question 9**

For each of the individuals named in the answers to Questions 2, 3, 4, 7 and 8, please confirm that the form at ANNEX A to this application has been completed and submitted as part of this application.

Yes  No

**Section B – The Premises, Vehicle, Vessel or Stall**

**Question 10**

Is the application in respect of:

Please tick ✓ yes

- a) Premises  Stall
- b) Vehicle
- c) Vessel

**Question 11**

Where is it proposed to use the vehicle, vessel or stall?  
*Answer only where the application is for a vehicle, vessel or stall*

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**Question 12**

What is the full address of the premises for which a licence is sought?  
*Answer only where the application is for a premises*

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Town		Post code	
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**Question 13**

Is the whole of the premises to be used as a sex establishment?

Yes  No

If not, state the use of the remainder of the premises.

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State the names of those who are responsible for managing the remainder of the premises.

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**Question 16**

Are the premises, vehicle, vessel or stall licensed under any other Act, e.g. the Licensing Act 2003?

Yes  No

Provide full details including the name of any Designated Premises Supervisor.

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Does the Applicant intend to obtain a licence under any other Act or to apply to vary any existing licence under any other Act?

Yes  No

Does the Applicant intend to operate the sex establishment in conjunction with any other licence?

Yes  No

If so, provide full details.

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**Question 17**

a) Does each customer have access to the premises, vehicle, vessel or stall:

Please tick ✓ yes

- i) Directly from the street or public thoroughfare?
- ii) From other premises?

If other, please provide full details:

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b) Is the customer's access from the street to be supervised at all times?

Yes  No

If the answer is No, please give full details of proposed door control and supervision

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c) State whether all door supervisors are to be licensed with the Security Industry Authority (or other Regulatory body).

Yes  No

If the answer is Yes, please state by whom:

.....

**Question 18**

Are the premises, vehicle, vessel or stall so constructed or adapted and laid out as to permit access to, from and within the premises (including WC facilities) for members of the public who are disabled?

Yes  No

If the answer is No, state the Applicant's proposals for offering such access and compliance with the Disability Discrimination Act.

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**Question 19**

Are the premises, vehicle, vessel or stall being used as a sex establishment at the date of this application?

Yes  No

If the answer is yes, state the name and address of the person or body now operating the business.

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**Section C – The Business**

**Question 20**

Under what name will the business be known?

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**Question 21**

Is the application in respect of:

Please tick ✓ yes

- a) A sex shop
- b) A sex cinema
- c) A sexual entertainment venue



**Question 22**

Has the applicant entered into any agreement (whether written or oral) in connection with the business, other than a tenancy agreement or lease, for example, a management agreement, partnership agreement or profit share agreement?

Yes  No

If so, provide full details together with a copy of any such agreement.

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**Question 23**

Please provide the name and addresses of any lenders, mortgagees or others providing finance with the full terms of such agreements.

**Town**

**Post Code**

**Question 24**

Is the business required to purchase merchandise from a particular person or body?

Yes  No

If yes, provide full details.

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**Section D – The Management of the Business/Premises**

**Question 25**

State the identity of the persons who will be responsible for the day to day management of the business at the premises, vehicle, vessel or stall ('the Manager').

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Confirm that the Manager will be based at the premises, vehicle, vessel or stall and that the management of the business there will be his/her sole and exclusive occupation.

Yes  No

If no, please explain why.

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Confirm which person(s) will be responsible for the day to day management of the business in the absence of the Manager ('the Relief Manager(s)')

Confirm that the Relief Manager(s) or one of them will be based at the premises full-time in the absence of the Manager.

Yes  No

For each of the Manager and Relief Manager(s), confirm that the form at ANNEX A to this application has been completed and submitted as part of this application.

Yes  No

**Question 26**

***This question need not be answered in the case of renewals.***

Give details of the times during which it is proposed to open the business.

**(24 hour clock only).**

Day	Opening Time	Closing Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Please state any seasonal variation i.e. Bank Holidays etc.**

**Question 27**

State the proposals in respect of the exterior signage and advertising, including the nature, content and size of such signage, and any images used.

***Please note the plan of the exterior showing such signage and advertising is required to be submitted with this application.***

**Question 28**

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

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.What if any window displays are to be exhibited? Please indicate the size and nature of any intended display.

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**Question 29**

State any proposals for solicitation of business in public areas, e.g. through fliers, business cards, billboard advertising, personal solicitation or advertising on motor vehicles

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**Question 30**

State what age restrictions are to be applied in respect of admissions, and how these are to be enforced.

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In answering, state what forms of identity will be accepted and whether it is proposed to use electronic identification systems. For sex shops provide details of arrangements for preventing proxy sales.

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**Question 31**

State the arrangements for CCTV and for retention of recordings.

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In answering, state whether all public areas are to be covered by CCTV at all times the business is open and whether the feed from all cameras will be recorded.

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**Question 32**

***Answer only where the application is for a Sexual Entertainment Venue.***

State whether the proposal is for nudity.

Yes                       No

Give full details of the nature of the entertainment, e.g. lap-dancing, pole dancing, stage strip-tease

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State what if any separation between performers and audience is proposed, e.g. performers on stage, 1 metre, no contact or full contact.

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State whether arrangements are proposed for private booths or areas. If so, provide full details, including proposals for supervision of such areas.

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**Question 33**

***This question need not be answered in the case of renewals.***

*(You may wish to use a separate sheet of paper for this evidence).*

State proposals for preventing nuisance to residents and businesses in the vicinity.

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State proposals for promoting public safety.

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State proposals for preventing crime and disorder

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State proposals for protecting children from harm.

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Set out the Applicant's system for checking the age and right to work in the UK for all employees.

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***For Sexual Entertainment Venues, set out the system for training all staff in the Code of Practice for performers, and for monitoring and enforcing compliance. Note, the Code of Practice must be attached to this form.***

***For Sexual Entertainment Venues, set out the system for notifying customers of the Rules for monitoring and enforcing compliance. Note; the Rules for Customers must be attached to this form.***

**Question 34**

Set out any further information which you wish the authority to take into account.

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Include here any proposed conditions (you may attach a schedule of such conditions) or any reason relied upon to provide an exception to this authority's Sex Establishment Licensing Procedure and Conditions

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**Question 35**

Is there any information on this form which you do not wish to be seen by members of the public?

Yes  No

If yes, please state the information and the reasons why you do not wish it to be seen.

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**Section E – Applicant Contact Details**

**TITLE** (delete as appropriate): Mr Mrs Miss Ms Other (please state)

Forenames

Surname

**PREVIOUS NAMES** (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)

**ADDRESS**

**POST TOWN**

**POST CODE**

**TELEPHONE NUMBERS**

**EMAIL ADDRESS** (if you would prefer us to correspond with you by e-mail)

## Section - F Documents that must be supplied with this application

### Checklist - Please confirm that you have enclosed the following information;

Please tick ✓ yes

1. A site plan (scale 1:1250) on A3 paper, clearly outlining the locality in which proposed establishment will be situated. The plan should clearly identify the proposed sex establishment by marking the site/premises boundary with a red line.	
2. Drawings showing the front elevation as existing.	
3. Drawings showing the front elevation as proposed including proposed signage, advertising and window display.	
4. A scale layout plan of premises. The requirements of the layout plan are set out below. <b>The layout plan must show the following</b> (please also refer to application guidance):-  <ul style="list-style-type: none"> <li>• The layout plan of the premises (scale 1:100) on A3 showing the part(s) of the premises that it is proposed to licence. The extent of the boundary of the premises shall be outlined in red and the extent of the public areas shall be outlined in blue.</li> <li>• The plan must also include the following: <ul style="list-style-type: none"> <li>○ the location of points of access to and egress from the premises;</li> <li>○ the location of escape routes from the premises;</li> <li>○ the location of any rooms containing public conveniences;</li> <li>○ the location and position of CCTV cameras;</li> <li>○ where relevant, the location of the kitchen (if any);</li> <li>○ where relevant the location of any steps, stairs, escalators or lifts;</li> <li>○ the location and position of any ramps or special facilities for the benefit of disabled persons; and</li> <li>○ the location and type of any fire safety and any other safety equipment.</li> </ul> </li> <li>• In the case of an SEV, the following areas should also be identified in colour: <ul style="list-style-type: none"> <li>○ the location where sexual entertainment takes place;</li> <li>○ the location and height of each proposed stage or area relative to the floor;</li> <li>○ any special area where dancers intend to perform their routines;</li> <li>○ the location of the private area proposed for performers; and</li> <li>○ any other relevant information pertinent to the application and the conditions of this particular licence.</li> </ul> </li> <li>• The plan shall include a legend through which the matters mentioned above are sufficiently illustrated by the use of symbols on the plan.</li> </ul>	
6. Planning permission or Certificate of lawful use or development or Evidence applicant has been in contact with the Planning Authority.	
7. Any agreement (written or oral) in connection with business (other than tenancy or lease), e.g. Management, Partnership or Profit Share agreement	
8. If the Applicant is a company, copies of the Memorandum and Articles of Association of the Company.	
9. If the Applicant is a partnership, a certified copy of the Partnership Deed.	
10. A copy of any of other licences for the premises, vehicle, vessel or stall.	
11. Code of Practice for Performers.	
12. House Rules for Customers	
13. A passport sized photograph of each Director and supervising member of staff who will operate the premises (inc' Team Leaders) .The reverse of the photographs should state the name of the individual pictured (in block capitals), their date of birth and the signature of the applicant.	
14. Policy for Welfare of Performers	

### **Documents enclosed evidencing public notice & service**

<b>Copy of 'Notice of Application' displayed on or near the premises</b>	
<b>An affidavit or statutory declaration stating that the notice has been displayed on premises</b>	
<b>Please verify that you will serve your application and additional documents upon the Chief Officer of Police (this must be done within 7 days after the date of this application)</b>	
<b>I understand that I must now advertise my application in a newspaper circulating the Authority and agree to forward a copy of the newspaper containing the advert</b>	

## Section G – Declaration by Applicant for Licence

The following 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 the 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.

Should the information provided in relation to this application form cease to be correct, or if there are any changes in the information provided in the application form between the date the application is submitted and the date it is determined, the Applicant must advise the licensing authority immediately. Failure to do so may result in any licence issued being revoked.

**Obtaining A Pecuniary Advantage By Deception;**

I understand that any person who, in connection with an application for the grant, renewal or transfer of a licence makes a false statement which he knows to be false in any material respect, or which he does not believe to be true, shall be guilty of an offence punishable on summary conviction by a fine not exceeding £20,000.

I/we certify to the best of my/our knowledge and belief that the information given in this application is complete and correct in every aspect (including any Annexes).

I/we also declare that I/we have checked the information given on this application form and to the best of my/our knowledge and belief it is correct (including any Annexes).

I/we agree to notify the licensing authority should any of the information given in this application change.

I understand that I may be liable for prosecution if I have knowingly or recklessly made a false statement or omitted any material particular to this application.

**Obtaining A Pecuniary Advantage By Deception;**

I understand that any person who, in connection with an application for the grant, renewal or transfer of a licence makes a false statement which he knows to be false in any material respect, or which he does not believe to be true, shall be guilty of an offence punishable on summary conviction by a fine not exceeding £20,000

Any information given may be shared with other agencies and departments to help prevent and detect crime.

I have enclosed the fee of: £ _____	<b><i>(Please make all cheques payable to Scarborough Borough Council)</i></b>
Signed	Signed
Name	Name
Capacity	Capacity
Date	Date

**Please complete the following pages (forms part of your application)**



## \* Information On Individuals

(If applying as an individual or individuals)

<b>Full Name</b>									
<b>Former Name (if any)</b>									
<b>Position in relation to Applicant (Director, Partner Manager etc) If applicant – state “Applicant”</b>									
<b>Date of Birth</b>									
<b>Gender</b>									
<b>Permanent Residential Address</b>									
<b>If resident at this address for less than 3 years, state previous address</b>									
<b>Have you been resident in the United Kingdom for more than six months prior to the date of the application?</b>									
<b>Have you ever been disqualified from holding a sex establishment licence under Schedule 3 paragraph 17 of the Local Miscellaneous Provisions) Act 1982? If so, please give full details.</b>									
<b>Have you ever been involved in the management of a business, whether as proprietor, director, company secretary, partner, manager, supervisor or otherwise which has had any of the following types of licence refused, refused on renewal, reviewed or revoked?</b>									
<ul style="list-style-type: none"> <li>• Sex Establishment Licence</li> <li>• Licence for the sale or supply of alcohol</li> <li>• Licence for the provision of entertainment, whether sexual or otherwise</li> <li>• Personal Licence under the Licensing Act 2003</li> </ul>	<table> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>								

**Have you ever been convicted of a criminal offence, whether in the United Kingdom or elsewhere (spent or otherwise)?**

Yes  No

If so, provide details of the date, convicting court, offence and penalty imposed, *(use a separate piece of paper if necessary)*.

**To your knowledge are you currently the subject of any criminal investigation?**

Yes  No

If so, please provide full details *(use a separate piece of paper if necessary)*.

**Have you ever had any civil legal action taken against you?**

Yes  No

If so, please provide full details *(use a separate piece of paper if necessary)*.

**Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement?**

Yes  No

If so, provide full details, *(use a separate piece of paper if necessary)*.

**Have you ever been disqualified from acting as a company director?**

Yes  No

If so, provide full details, *(use a separate piece of paper if necessary)*.

**Is there any other information which you believe the licensing authority would reasonably expect notice of or you would like the licensing authority to take into account when considering the information you have supplied?**

Yes  No

If so, please provide full details, *(use a separate piece of paper if necessary)*.

**Is there any information in this Annex which you do not wish to be seen by members of the public?**

Yes  No

If so, state which information and the reasons why you do not wish it to be seen.

**I DECLARE THAT THE INFORMATION ON THIS FORM IS TRUE AND COMPLETE.**

**Signed:**

**Print full name:**

**Dated:**

***Using your personal information***

*We will process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We may use your personal information in a number of ways, but only for the purposes for which it was given, for example to provide you with the information or services requested or to administer and protect public funds. We may share your information with, and obtain information about you from, other departments of the Council or other organisations where it is lawful to do so, for example to check the accuracy of information or to prevent or detect crime. For further information on how we collect, use, share, secure and retain your personal information, and your legal rights, please see our Privacy Notice at [www.scarborough.gov.uk/gdpr](http://www.scarborough.gov.uk/gdpr) or by contacting Customer First. Our Data Protection Officer can be contacted at the Town Hall, St Nicholas Street, Scarborough, YO11 2HG (tel 01723 232323 or email [dataprotection@scarborough.gov.uk](mailto:dataprotection@scarborough.gov.uk)).*