



The Licensing Team
Dover District Council
White Cliffs Business Park
Dover
CT16 3PJ

Contact Details:
Tel: 01304 872295
Fax: 01304 872217
Email: licensing@dover.gov.uk
Web: www.dover.gov.uk/licensing

APPLICATION FOR THE GRANT OF A LICENCE FOR A SEXUAL ENTERTAINMENT VENUE

Data Protection

Dover District Council is the Data Controller. Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998.

We will use the information you have provided in connection with the administration of Licensing.

We may lawfully disclose information to other public sector agencies to:

- prevent or detect fraud and any other crime;
- support national fraud initiatives;
- protect public funds;
- progress your request for service.

We may also use basic information about you, e.g. name and address, in other areas of service provision at Dover District Council if this:

- helps you to access our services more easily;
- promotes the more efficient and cost-effective delivery of services;
- helps us to recover monies that you owe us.

We will not use your personal information in a way that may cause you unwarranted detriment.

If you require this document in an alternative format, please contact us.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.

**APPLICATION FOR THE GRANT OF A LICENCE FOR A SEXUAL ENTERTAINMENT VENUE
LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS)
ACT 1982, SCHEDULE 3. (As amended)**

EITHER:

| Part 1 – If application is made on behalf of an individual please state: | | | |
|---|----------|--|------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <i>(please specify)</i> | | | |
| Surname: | | | |
| Other name(s): | | | |
| Home address: | | | |
| Postcode: | | | |
| Place of birth: | | | |
| Date of birth: | | | Age: |
| Telephone: | Daytime: | | |
| | Mobile: | | |
| | Evening: | | |
| Email address: | | | |
| <i>[please give as many contact details as possible in case we need to contact you]</i> | | | |

OR:

| Part 1 – If application is made on behalf of a corporate or incorporated body please state: | |
|--|--|
| Full name of body: | |
| Full address of registered or principal office: | |
| Postcode: | |
| Telephone: | |
| Email address: | |

| Part 2 – Give full names and private address of all directors or other persons responsible for management of the establishment | | | |
|---|----------|--|------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <i>(please specify)</i> | | | |
| Surname: | | | |
| Other name(s): | | | |
| Position in company (manager/company secretary etc.): | | | |
| Home address: | | | |
| Postcode: | | | |
| Place of birth: | | | |
| Date of birth: | | | Age: |
| Telephone: | Daytime: | | |
| | Mobile: | | |
| Email address: | | | |
| | | | |

| | | | |
|---|----------|--|------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>) | | | |
| Surname: | | | |
| Other name(s): | | | |
| Position in company (manager/company secretary etc.): | | | |
| Home address: | | | |
| Postcode: | | | |
| Place of birth: | | | |
| Date of birth: | | | Age: |
| Telephone: | Daytime: | | |
| | Mobile: | | |
| Email address: | | | |
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>) | | | |
| Surname: | | | |
| Other name(s): | | | |
| Position in company (manager/company secretary etc.): | | | |
| Home address: | | | |
| Postcode: | | | |
| Place of birth: | | | |
| Date of birth: | | | Age: |
| Telephone: | Daytime: | | |
| | Mobile: | | |
| Email address: | | | |
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>) | | | |
| Surname: | | | |
| Other name(s): | | | |
| Position in company (manager/company secretary etc.): | | | |
| Home address: | | | |
| Postcode: | | | |
| Place of birth: | | | |
| Date of birth: | | | Age: |
| Telephone: | Daytime: | | |
| | Mobile: | | |
| Email address: | | | |
| <i>[continue on a separate sheet if necessary]</i> | | | |

Part 3 – Convictions

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 YES, please state:

- a) All convictions must be disclosed
- b) Spent convictions, as defined below, should not be included

| Date of conviction(s) | Offence | Sentence (including suspended sentence) |
|-----------------------|---------|---|
| | | |
| | | |
| | | |
| | | |
| | | |

[continue on a separate sheet if necessary]

Part 3 - Convictions To Be Declared In Respect Of Applications Sex Establishment Licence

If you have been convicted of any of the following offences and they are "unspent" they must be declared on the application form:-

- Sexual offences.
- Offences involving obscenity.
- An offence involving the use, possession or supply of any drug.
- An attempt, incitement or conspiracy to commit any of the above offences.

The Rehabilitation of Offenders Act 1974 provides that after a certain period of time, convictions for offences are to be regarded as "spent". Set out below are some examples of when convictions become "spent". Please note it is from the date of **conviction** that the time commences. The periods of time which must elapse in other cases before the conviction becomes "spent" may vary considerably according to the nature of the offence and other circumstances. The rehabilitation period may, for example, be extended by the commission of a further offence during the rehabilitation period.

Further guidance on this may be obtained from the Home Office publication "A Guide to the Rehabilitation of Offenders Act 1974", available for reference at the Licensing Authority or from a solicitor.

Sentence.

1. 2½ years (30 months) imprisonment and over whether sentence suspended or not.
2. Imprisonment or detention in a young offender institution (previously known as youth custody) between six months and 30 months whether sentence was suspended or not.
3. Imprisonment or detention in a young offender institution (previously known as youth custody) of six months or less whether sentence was suspended or not.
4. A fine, compensation or community service order.
5. Conditional discharge, bound over or probation order. Also includes fit person, supervision and care orders.
6. Absolute discharge.
7. Disqualification, disability or prohibition.
8. Remand Home/Approved School/Attendance Centre Orders.
9. Hospital Order under Mental Health Acts.

Rehabilitation Period.

- Never spent.
- Ten years.
- Seven years.
- Five years.
- One year or period of probation sentence, whichever is longer.
- Six months.
- Period of sentence unless a longer period as above (e.g. disqualification and a fine 5 Years)
- One year after Order expires.
- 5 years, or two and a half years after the order expires (whichever is the longer).

Offences under HM Services - please enquire at the Licensing Authority for periods of rehabilitation.

| Part 4 – Questions | |
|---|---------|
| 1. Have you been a resident in the United Kingdom throughout a period of six months immediately preceding the date of this application? | YES/NO* |
| 2. If the application is made on behalf of a body corporate, is that body incorporated in the United Kingdom? | YES/NO* |

| Part 5 – Particulars | |
|---|---------|
| 3. Full address of premises desired to be used as a sex establishment: Postcode: | |
| 4. If this application relates to a vehicle/vessel/stall give description and state where it is to be used as a sex establishment: | |
| 5. State hours and days that you wish to trade: | |
| 6. Are the premises to be used as a sex shop? | YES/NO* |
| 7. Are the premises to be used as a sex cinema? | YES/NO* |
| 8. Are the premises to be used as a sex encounter establishment? | YES/NO* |
| 9. Are you (or, if a corporate or unincorporated body, that body) disqualified from holding a licence for a sex establishment? | YES/NO* |
| 10. Have you ever been refused a licence for a sex establishment? | YES/NO* |
| 11. If you are seeking to vary the licence, what does the variation consist of? | |
| 12. Details of crime prevention strategy ***Council seeks to ensure that all holders of sex establishment licence(s) develop crime prevention strategies. Please attach with this application your current (or proposed) strategy. You are advised to consult with the Crime Reduction Unit at ***** Police Station. | |

| Part 6 – Additional documentary requirements, Declaration and Checklist (please tick) | |
|--|--------------------------|
| 13. I/WE* confirm that, to the best of MY/OUR* knowledge, the information contained in this application is true. | <input type="checkbox"/> |
| 14. The prescribed fee is enclosed (cheques should be made payable to ***** Council). Card payments may be made by telephoning : ***** Cash payments may be made at ***** In the event of an application being refused, any refund of the prescribed fee, will be less any costs incurred by the Council | <input type="checkbox"/> |
| 15. I/WE have enclosed a site plan of the premises, scale 1:500 | <input type="checkbox"/> |
| 16. I/WE have enclosed a scale plan (scale 1:100) of the premises, vehicle, vessel or stall in respect of which the licence is sought, showing (inter alia) all means of ingress and egress, any parts used in common with any other business, and details of how the premises, vehicle, vessel or stall lies in relation to the street. | <input type="checkbox"/> |
| 17. I/WE have enclosed a drawing (scale 1:100) showing the front elevation as existing | <input type="checkbox"/> |

| | |
|---|--|
| (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. | |
| 18. I/WE have duly certified copy of the document of title of the premises, vehicle, vessel or stall in respect of which the licence is sought. | <input type="checkbox"/> |
| 19. Where the application has been made in paper format I/WE understand that I/WE must also send a copy of the application to the appropriate Chief Officer of Police (address is provided below), not later than seven (7) days of the application being made. I understand that where the application has been made by means of a relevant electronic facility it will be the responsibility of appropriate authority to send a copy of an application to the Chief Officer of Police, not later than seven (7) days after the date the application is received. | <input type="checkbox"/> |
| 20. I/WE have enclosed a certified copy of the resolution authorising the application. | <input type="checkbox"/> |
| 21. I/WE have enclosed a copy of the Memoranda and Articles of Association of the applicant, along with a copy of the Memoranda and Articles of Association of any parent company and ultimate holding company. | <input type="checkbox"/> |
| 22. The applicant must provide the following documentation, in respect of the applicant and each individual mentioned in Part 1 and 2 above, i. a birth certificate (originals only. A copy will not be accepted); and ii. four copies of a recent passport size photograph, each copy bearing the name in block capitals of the person whose likeness it bears, the signature of the manager/company secretary etc and the date the manager/company secretary etc signed it. | <input type="checkbox"/> <input type="checkbox"/> |
| 23. A notice advertising the application must be displayed on the premises for a period of 21 days beginning with the date the application was made. | <input type="checkbox"/> |
| 24. A notice advertising the application must be displayed in a newspaper circulating in the area no later than seven (7) days after the application is made | <input type="checkbox"/> |
| 25. I/WE attach a copy of our Crime Prevention Strategy | <input type="checkbox"/> |

Part 7 – Signature(s)

26. Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:

| | |
|-------------|--|
| Signature: | |
| Print Name: | |
| Capacity: | |
| Date: | |

| | |
|--|--|
| 27. For joint applications, signature of 2 nd applicant, or 2 nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity: | |
| Signature: | |
| Print Name: | |
| Capacity: | |
| Date: | |
| <i>[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 16 and 17 above.]</i> | |
| <i>[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]</i> | |

* Delete or select as necessary.