



Local Government (Miscellaneous Provisions) Act 1982

## NOTICE OF APPLICATION FOR A SEX ESTABLISHMENT LICENCE

NOTICE IS GIVEN THAT **(1)** .....

applied to West Lindsey District Council on **(2)** the ..... day

of ..... 20..... for a licence to use premises at **(3)** .....

.....

.....

..... as a **(4)** Sex Shop / Sex Cinema /

Sexual Entertainment Venue.

Anyone wishing to object to this application must give notice in writing to the Licensing Authority, detailing the general grounds for objection, within 28 days of the date above. Names of objectors will not be revealed without consent.

Email: [licensing@west-lindsey.gov.uk](mailto:licensing@west-lindsey.gov.uk)

Post: Licensing  
West Lindsey District Council  
Guildhall  
Marshall's Yard  
Gainsborough  
Lincolnshire  
DN21 2NA

**(5)** Dated this ..... day of ..... 20.....

## **How to complete your notice**

Please complete the sex establishment notice, or the sexual entertainment venue notice, depending on the type of application you are making.

At number:

- (1) Insert the full name of the applicant in block capitals
- (2) Insert the date upon which the application was delivered to West Lindsey District Council
- (3) The address of the premises must be given in block capitals
- (4) Delete alternatives, as appropriate
- (5) The date upon which the notice is first displayed must be inserted

## **Requirements for display of notice**

In addition to the requirement to advertise the application in a local newspaper circulating within West Lindsey, applicants must display notice of the application on or near the premises. It needs to be sited in a place where it can be conveniently read by the public for 21 days, beginning on the date the application is submitted to the Licensing Authority.

The responsibility for displaying the notice is the applicant's and the Licensing Team will require evidence by affidavit that this requirement has been complied with. The district council is empowered to prescribe the form of notice and accordingly requires applicants to follow the format set out overleaf.



## APPLICATION FOR A

- NEW SEX ESTABLISHMENT LICENCE**
- TRANSFER OF LICENCE**
- RENEWAL OF LICENCE**

**Full name of applicant** .....

**Address of premises** (or details of where a vehicle, vessel or stall are to be operated from)

.....  
.....  
.....  
.....  
.....  
.....

## Application to license a premises, vehicle, vessel or stall as a sex shop, sex cinema or sexual entertainment venue

### Part 1 - applicant details

1. Please state whether you are applying for a premises licence as

a)	an individual	<input type="checkbox"/>	please complete section <b>(A)</b>
b)	a partnership or other unincorporated body	<input type="checkbox"/>	please complete section <b>(B)</b>
c)	a body corporate	<input type="checkbox"/>	please complete section <b>(B)</b>

#### (A) INDIVIDUAL APPLICANT *(complete as applicable)*

Name Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <i>(please state)</i> Surname: Forenames:			
Previous names Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <i>(please state)</i> Surname: Forenames:			
Date of birth	Day:	Month:	Year:
Place of birth:			
Height:			
Your <b>current</b> address <i>(We will use these details to correspond with you unless you complete the separate correspondence box on page 5)</i>			
Post town:		Postcode:	
Telephone number:			
Mobile number:			
Email address:			

Alternative address for **correspondence** (If you provide alternative details below we will use these to correspond with you)

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Post town:

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Postcode:

--

Alternative contact details (if applicable)

Telephone number:

--

Mobile number:

--

Email address:

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**(B) NON-INDIVIDUAL APPLICANTS**

Company or organisation name	
Is this a wholly or partly owned subsidiary of any other company? <i>If so, please state which</i>	
Company or organisation registered address*	
Post code	
Registered number (where applicable)	
Description of applicant <i>(e.g. partnership, private limited company, unincorporated association etc.)</i>	
Date of incorporation of the company	
Country where company is incorporated	
Company or organisation phone number <i>(if any)</i>	
Company or organisation email address <i>(if any)</i>	

\*the registered address will be used to send correspondence - if this is not an operational address please give alternative details below for us to set up as the correspondence address

Correspondence address for the company or organisation

Post code

2. If applying as a body corporate or an unincorporated body please complete the table in respect of each of the Directors, the Company Secretary or other persons responsible for the management of the body.

In the case of a partnership, details of all the partners must be given.

	Person 1	Person 2	Person 3
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Role</b>			
<b>Date of birth</b>			
<b>Place of birth</b>			
<b>Height</b>			

	Person 4	Person 5	Person 6
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Role</b>			
<b>Date of birth</b>			
<b>Place of birth</b>			
<b>Height</b>			

3. Complete the table below in respect of each of the individuals whose names are given in page 4 (question 1(A)) or page 6 (question 2), whichever is applicable.

<b>Name</b>	<b>Date became resident in the United Kingdom</b>	<b>Address of permanent residence throughout six months immediately preceding this application</b>

4. Please provide details below of shareholders holding 5% or more of the issued share capital, and the number of remaining shareholders.

	Person 1	Person 2	Person 3
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Share %</b>			

	Person 4	Person 5	Person 6
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Share %</b>			

Number of remaining shareholders .....

5. If the applicant is a subsidiary of another company, please complete the below and supply a copy of the memorandum and Articles of Association of the parent company and of any ultimate holding Company.

Parent company/ultimate holding company's name	
Registered address	
Post code	
Registered number <i>(where applicable)</i>	

Details of Directors, the Company Secretary or other persons responsible for the management of the parent company:

	Person 1	Person 2	Person 3
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Role</b>			
<b>Date of birth</b>			
<b>Place of birth</b>			
<b>Height</b>			

	Person 4	Person 5	Person 6
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Capacity</b>			
<b>Date of birth</b>			
<b>Place of birth</b>			
<b>Height</b>			

Details of Directors, the Company Secretary or other persons responsible for the management of the parent company:

<b>Name</b>	<b>Date became resident in the United Kingdom</b>	<b>Address of permanent residence throughout six months immediately preceding this application</b>


Details of shareholders holding 5% or more of the issued share capital, and the number of remaining shareholders.

	Person 1	Person 2	Person 3
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Share %</b>			

	Person 4	Person 5	Person 6
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Share %</b>			

Number of remaining shareholders .....

6. Is the applicant or any person whose name is given in Part 1, questions 2 or 4 concerned in any way financially or otherwise with any other business which controls, manages, or supplies sex establishments?

Yes\*  No

\*If yes, give the name(s) of persons concerned, full details of the other business, and the nature/extent of the connection:

.....  
.....  
.....  
.....

7. What is the nature of the applicant's interest in the premises?

Freehold  Leasehold\*

\*If leasehold, please answer the below:

Is it a Head lease  Underlease

Name of the landlord: .....

Address of the landlord: .....

..... Post code:.....

If applicable, the name of the superior landlord: .....

If applicable, address of the superior landlord: .....

..... Post code:.....

Annual rental figure, or method of calculating the rental: .....

Length of unexpired term: .....

Length of notice required to terminate the tenancy: .....

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

Yes\*  No

\*If yes, to what extent? .....

.....

9. Is the whole of the business owned by the applicant?

Yes  No

**Part 2 - the premises, vehicle, vessel, or stall to be the subject of a licence**

1. This application is to license a: sex shop  sex cinema  sexual entertainment venue   
in respect of a: premises  vehicle  vessel  stall

2a. For a **vehicle, vessel or stall** please state where it will be located:

.....  
..... Post code:.....

2b. For a **premises** please give the full address to be used:

.....  
..... Post code:.....

Are the whole premises to be used?

Yes  No\*

\*If no: which part is going to be used for the purposes of this licence? .....

what will the use of the remainder of the premises be? .....

what is the name(s) of those responsible for the management of the remainder of the premises? .....

3. Are the premises which are to be used constructed or adapted to allow access to and from the premises for members of the public who are disabled?

Yes  No\*

\*If no, how do you propose to make the building accessible? .....

4. Was the premises, vehicle, vessel or stall in use as a sex establishment or sexual entertainment venue on 22 December 1981?

Yes\*  No

\*If yes, give the name and address of the person carrying on the business at that date:

.....  
 .....  
 .....Post code: .....

**Part 3 - the business**

1. What name does/will the business trade as? .....

2. Has the applicant in connection with the business entered into any agreement or deed, other than the tenancy agreement / lease?

Yes\*  No

\*If yes, please supply full details and a copy of the agreement .....

.....  
 .....

3. If the whole of the business is not owned by the applicant, state the names and addresses of those who will share in the profits of the business. In each case state the percentage share to be taken by each.

	Person 1	Person 2	Person 3
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Share %</b>			

	Person 4	Person 5	Person 6
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Share %</b>			

4. State the total turnover of the business during the 12 months immediately prior to this application ..... £ .....

What proportion of the turnover derived from the sale, hire, exchange, loan, display or demonstration of sex articles, as defined in paragraph 4 of Schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982? ..... £ .....

What proportion of the turnover derived from the use of the premises as a sex cinema? ..... £ .....

5. What is the anticipated turnover of the business for the next 12 months? ..... £ .....

What proportion of the expected turnover to be derives from the sale, hire, exchange, loan, display or demonstration of sex articles, as defined in paragraph 4 of Schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982? .. £ .....

What proportion of the expected turnover derives from the use of the premises as a sex cinema? .. £ .....

6. Give the names and addresses of any lenders, mortgagees or others providing finance with the full terms of such loans

.....  
.....  
..... Post code: .....

7. Is the business required to purchase merchandise from a particular company, person or body?

Yes\*  No

\*If yes, please supply a copy of any agreement and state what is to be purchased, and from whom .....

.....

**Part 4 - operation of the business**

1. 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, please state whether cubicles are to be used for viewing and if so, how many?

.....

2. What articles are to be offered for sale? .....

.....

.....

.....

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

.....

.....

.....

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

.....

.....

.....

5. Give details of the proposed opening times for the premises

	<b>Times</b>
<b>Monday</b>	to
<b>Tuesday</b>	to
<b>Wednesday</b>	to
<b>Thursday</b>	to
<b>Friday</b>	to
<b>Saturday</b>	to
<b>Sunday</b>	to

6. 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:

	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Date on which became resident in the UK</b>			
<b>Date of birth</b>			
<b>Place of birth</b>			
<b>Height</b>			

	Person 4	Person 5	Person 6
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Date on which became resident in the UK</b>			
<b>Date of birth</b>			
<b>Place of birth</b>			
<b>Height</b>			

7. In respect of each person named in part 1 questions 1(A), 2, 4 and part 4 question 6, give details of their occupations during the five years immediately prior to this application. These must include the names and addresses of all employers and the nature and dates of employment.

	Person 1	Person 2	Person 3
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address during employment</b>			
<b>Post code</b>			
<b>Employer's name</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Description or nature of work</b>			
<b>Employment period (from - to)</b>			

	Person 4	Person 5	Person 6
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Address during employment</b>			
<b>Post code</b>			
<b>Employer's name</b>			
<b>Address</b>			
<b>Post code</b>			
<b>Description or nature of work</b>			
<b>Employment period (from - to)</b>			

### Part 5 - previous convictions, disqualifications etc

1. In respect of each person named in part 1 questions 1(A), 2, 4 and part 4 question 6, give details of their previous convictions, and of any previous convictions of any of their spouses.

	Person 1	Person 2	Person 3
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Date of conviction</b>			
<b>Place of conviction</b>			
<b>Nature of offence(s)</b>			
<b>Sentence</b>			

	Person 4	Person 5	Person 6
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Date of conviction</b>			
<b>Place of conviction</b>			
<b>Nature of offence(s)</b>			
<b>Sentence</b>			

2. Have you reason to believe that a prosecution may be pending against any of the persons named in part 1 questions 1(A), 2, 4 and part 4 question 6?

Yes\*  No

\*If yes, give details .....

.....

3. 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, either in the district of West Lindsey or elsewhere?

Yes\*  No

\*If yes, give details including the address of the premises and the council's reference

.....

.....

4. Is there in force against the applicant or any other persons whose names appear in answer to part 1 questions 2, 4 and part 4 question 6 and part 5, question 1 a disqualification from holding a licence for a sex establishment under the Local Government (Miscellaneous Provisions) Act 1982?

Yes\*  No



## **Notes**

This application should be completed in full and returned to [licensing@west-lindsey.gov.uk](mailto:licensing@west-lindsey.gov.uk) or

Licensing  
West Lindsey District Council  
Guildhall  
Marshall's Yard  
Gainsborough  
Lincolnshire  
DN21 2NA

accompanied by:

- 1) In respect of individual applicants and each of those named in response to Questions 6, 8 and 37, a birth certificate.
- 2) Five copies of a passport size photograph in respect of the applicant (if an individual) and each of those whose names appear in response to part 1, question 2 and part 4, question 6. The photographs are to be dated, bear the name in block capitals of the person whose likeness it bears, and be signed by the person making the above declaration.
- 3) A site plan, scale 1:1250.
- 4) Scale plans 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 used in common with any other building, and how the premises lie in relation to the street.
- 5) Drawings showing the front elevation as existing and as proposed (1:50).
- 6) Duly certified copies of the documents of title (i.e. land certificate, lease, rental agreements) and any other agreements referred to in this application.
- 7) 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.
- 8) Where the business is carried on by or on behalf of partners the written authority for an application of those partners who are not themselves applicants.
- 9) 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.
- 10) If the application is being made on behalf of a partnership a certified copy of the Partnership Deed.
- 11) A fee of £2,204 is due on application and a further £164 will be due prior to issue of the licence. The total amount of £2,368 can be paid on application if you prefer.
- 12) A renewal fee of £392 is due on application and a further £164 will be due prior to issue of the licence. The total amount of £556 can be paid on application if you prefer.
- 13) The fee for a transfer is £273.

Payment can be made by credit/debit card over the phone with customer services (01427 676676 and saying "customer services"). If paying by cheque please make it payable to 'WLDC'. To pay by bank transfer please use the details below. *For office use: payment code 6007-40106-41162*

**Account name:** West Lindsey District Council  
**Sort code:** 30-00-02  
**Account number:** 04066818

**Ref:** LIC + name of premises  
**Amount:** as applicable (*notes 11/12/13*)

**Before the application can be considered  
the following documents are needed**

- A.** A complete copy of the newspaper circulating in the Council's area in which notice of the application has been published in accordance with paragraph 10 (8) of the Third Schedule of the Local Government (Miscellaneous Provisions) Act 1982. Photostat copies of the newspaper will not be accepted. Copies of the forms of notice to be used have been prescribed by the District Council and may be obtained from:

Licensing  
West Lindsey District Council  
Guildhall  
Marshall's Yard  
Gainsborough  
Lincolnshire  
DN21 2NA

- B.** Evidence of the due service of the Notice of Application upon the Chief Officer of Police as required by paragraph 10 (14) of the Third Schedule of the Local Government (Miscellaneous Provisions) Act 1982. A copy of the application including a copy of all enclosures and an additional two photographs as described in note 2 on page 22 must be sent to the Chief Constable no later than 7 days after the date of the application.

Alcohol Licensing Team  
Police HQ  
Deepdale Lane  
Nettleham  
Lincolnshire  
LN2 2LT

- C.** Evidence by Affidavit that the Notice of Application has been displayed on or near the premises as required by paragraph 10 (10) of The Third Schedule of the Local Government (Miscellaneous Provisions) Act 1982.

**Privacy Notice:** We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice.

This can be viewed using the following link: [www.west-lindsey.gov.uk/licensing-privacy/](http://www.west-lindsey.gov.uk/licensing-privacy/)

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see [www.west-lindsey.gov.uk/fairprocessingnotice](http://www.west-lindsey.gov.uk/fairprocessingnotice) or contact the finance department on, 01427 676560, [FinanceTeam@west-lindsey.gov.uk](mailto:FinanceTeam@west-lindsey.gov.uk)