

Application for \* \_\_\_\_\_

## OF A SEX ESTABLISHMENT LICENCE

\* *(insert GRANT/RENEWAL/VARIATION/TRANSFER)*

Before completing this form please read the guidance notes at the end of the form. 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 return this form to: Eastbourne Borough Council, 1 Grove Road, Eastbourne, BN21 4TW

You may wish to keep a copy of the completed form for your records.

**I/We**  
*(insert name/s of applicant/s – please read guidance note 1)*

**apply for the Grant/Renewal/Variation/Transfer\* of a Sex Establishment Licence for the premises described in Part 1 below (the premises) in accordance with schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982 (\*delete as necessary)**

### Part 1 - Premises Details *(Please read guidance note 2)*

|  |  |
|--|--|
| Postal address (including trading name, postcode and telephone number of premises)   |  |
| The premises are a (please tick one):<br><b>building</b> <input type="radio"/> <b>vehicle</b> <input type="radio"/> <b>stall</b> <input type="radio"/> |  |
| Will the sex establishment occupy the whole premises?  | <b>yes</b> <input type="radio"/> <b>no</b> <input type="radio"/> |
| Are the premises currently in use as a sex establishment?  | <b>yes</b> <input type="radio"/> <b>no</b> <input type="radio"/> |

### Part 2 - Applicant Details

Please state whether you are applying for a licence as (Please tick one)

- |  |                       |                                   |
|--|-----------------------|-----------------------------------|
| a) an individual or individuals *        | <input type="radio"/> | please complete sections A, C & D |
| b) a person other than an individual *   | <input type="radio"/> |                                   |
| i. as a limited company                  | <input type="radio"/> | please complete sections B, C & D |
| ii. as a partnership                     | <input type="radio"/> | please complete sections B, C & D |
| iii. as an unincorporated association or | <input type="radio"/> | please complete sections B, C & D |

iv. other (for example a statutory corporation)

Please complete sections B, C & D

**A. Individual Applicant Details** *(Please read guidance note 3)*

|   |                                  |                                   |                                 |                    |  |
|---|----------------------------------|-----------------------------------|---------------------------------|--------------------|--|
| <b>Mr</b> <input type="radio"/>                   | <b>Mrs</b> <input type="radio"/> | <b>Miss</b> <input type="radio"/> | <b>Ms</b> <input type="radio"/> | <b>Other Title</b> |  |
| <b>Surname</b>                                    |                                  |                                   | <b>First names</b>              |                    |  |
| <b>Date of birth</b>                              |                                  |                                   |                                 |                    |  |
| <b>Current postal address including post code</b> |                                  |                                   |                                 |                    |  |
| <b>Telephone number (if any)</b>                  |                                  |                                   |                                 |                    |  |
| <b>Email address (optional)</b>                   |                                  |                                   |                                 |                    |  |
| <b>Mr</b> <input type="radio"/>                   | <b>Mrs</b> <input type="radio"/> | <b>Miss</b> <input type="radio"/> | <b>Ms</b> <input type="radio"/> | <b>Other Title</b> |  |
| <b>Surname</b>                                    |                                  |                                   | <b>First names</b>              |                    |  |
| <b>Date of birth</b>                              |                                  |                                   |                                 |                    |  |
| <b>Current postal address including postcode</b>  |                                  |                                   |                                 |                    |  |
| <b>Telephone number (if any)</b>                  |                                  |                                   |                                 |                    |  |
| <b>Email address (optional)</b>                   |                                  |                                   |                                 |                    |  |

*(Continue on separate page if necessary)*

**B. Other Applicants**

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

|   |  |
|---|--|
| <b>Name</b>   |  |
| <b>Address including postcode</b>                                 |  |
| <b>Registered number</b>  |  |
| <b>Description of applicant (e.g. partnership, company, etc.)</b> |  |
| <b>Telephone number (if any)</b>                                  |  |
| <b>Email address (optional)</b>                                   |  |

**C. Description of Trading Activity**

|   |                |   |                 |   |                 |               |
|---|----------------|---|-----------------|---|-----------------|---------------|
| <b>The premises will trade as:</b>  |                |   |                 |   |                 |               |
| <b>a sex cinema</b> <input type="radio"/>   |                | <b>a sex shop</b> <input type="radio"/> |                 | <b>a sexual entertainment venue</b> <input type="radio"/> |                 |               |
| <b>The premises will trade on the following days and between the following times:</b>                                       |                |   |                 |   |                 |               |
| <b>Monday</b>   | <b>Tuesday</b> | <b>Wednesday</b>                        | <b>Thursday</b> | <b>Friday</b>   | <b>Saturday</b> | <b>Sunday</b> |
| <b>From</b>   | <b>From</b>    | <b>From</b>                             | <b>From</b>     | <b>From</b>   | <b>From</b>     | <b>From</b>   |
| <b>To</b>   | <b>To</b>      | <b>To</b>                               | <b>To</b>       | <b>To</b>   | <b>To</b>       | <b>To</b>     |
| <b>Provide details of the goods to be offered for sale, films to be shown or nature of the entertainment to be provided</b> |                |   |                 |   |                 |               |
|   |                |   |                 |   |                 |               |

|   |
|---|
| <b>How will you prevent the interior of the premises being visible to passers by?</b>     |
|   |
| <b>Provide details of any advertisements or displays to be exhibited, including sizes</b> |
|   |

#### D. Licensing History

Has any person or the corporate or unincorporated body referred to in this application:-

|  |              |                          |                 |
|--|--------------|--------------------------|-----------------|
| <b>Been disqualified from holding a licence for a sex establishment?</b>                               |              |                          |                 |
| <b>Been refused the grant / renewal / transfer of a licence for a sex establishment?</b>               |              |                          |                 |
| <b>Been convicted of a criminal offence which is not spent?</b>  |              |                          |                 |
| <b>Been the holder of a sex establishment licence when that licence has been revoked?</b>              |              |                          |                 |
| <b>If 'Yes' to any of the above please provide details: (continue on a separate sheet if required)</b> |              |                          |                 |
|  |              |                          |                 |
| <b>Date of Conviction</b>  | <b>Court</b> | <b>Nature of Offence</b> | <b>Sentence</b> |
|  |              |                          |                 |

### Part 3 - Declaration

I/We: **(Please tick)**

- Enclose the fee (Please make cheques payable to Eastbourne Borough Council)
- Understand that the information given may be used in conjunction with other authorities for the prevention and detection of fraud, and will be held on computer, subject to the Data Protection Act 1998.
- Confirm that the information supplied in this application is true to the best of my/our knowledge and belief.

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Signatures** *(Please read guidance note 4)*

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

|                    |  |
|--------------------|--|
| <b>Signature/s</b> |  |
| <b>Date</b>        |  |
| <b>Capacity</b>    |  |

**Contact Details** *(Please read guidance note 5)*

|   |  |
|---|--|
| <b>Contact name</b>                               |  |
| <b>Contact postal address including post code</b> |  |
| <b>Telephone number (if any)</b>                  |  |
| <b>Email address (optional)</b>                   |  |

**All applicants are required to send with the application:**

- **2 plans showing the area to be licensed;**
- **Complete all statutory declarations on the form.**

## Notes for Guidance

1. Insert the name/s of individual applicant/s or partners or the trading name under which the business operates.
2. Include the postal address, including name by which the premises that is to be used as a sex establishment is to be known.
3. The full name, date of birth and home address of each individual applicant/partner/director must be supplied.
4. The application form must be signed. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so. Where there is more than one applicant, all applicants or their respective agents must sign the application form.
5. This is the address that we shall use to correspond with you about this application.
6. A plan of the premises must be submitted with the application, drawn to scale showing all external and internal doors and windows and the position of counters, display stands, booths, video / tv / film screens, exhibition areas, dance / performance / stage areas fixed seating and tables, bars / counters from which refreshments are available.
7. Copies of the application together with a plan of the premises must be submitted to:
  - i) Eastbourne Borough Council, 1 Grove Road, Eastbourne, BN21 4TW
  - ii) Licensing Division, Sussex Police, Terminus Road, Bexhill-on-Sea, TN39 3NR
8. In the case of a grant/renewal/transfer, a notice containing details of the application must be advertised on the premises to which the application relates for a continuous period of not less than 21 days from the day following the day on which it was given to the licensing authority, in a position from which it can be conveniently read by members of the public.
9. In the case of a grant/renewal/transfer, a notice containing details of the application must be published in a newspaper circulating in the local vicinity of the premises within 7 days of the application be given to the licensing authority.
10. The current fee for the grant of a licence is £3,600, for a renewal is £2,050 and for a variation and/or transfer is £1,800.