



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982  
APPLICATION FOR THE GRANT / RENEWAL / TRANSFER / VARIATION  
OF LICENCE FOR A SEX ESTABLISHMENT**

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

If you have specific questions about your application please contact:

Licensing Section  
Newcastle under Lyme Borough Council  
Civic Offices  
Merrial Street  
Newcastle under Lyme  
Staffordshire  
ST5 2AG

Telephone: 01782 717 717  
Fax: 01782 711 031  
Email: [licensing@newcastle-staffs.gov.uk](mailto:licensing@newcastle-staffs.gov.uk)

You should forward one copy of your application together with the relevant fee to the Licensing section at the above address. Should you wish to pay by cash, please make an appointment.

One copy to the following responsible authority:

Licensing Manager  
Northern Licensing Unit,  
Stoke Police Station,  
Boothen Road,  
Stoke on Trent,  
Staffordshire,  
ST4 4AH  
Telephone: 01785 232 840  
Email: [northern.licensing@staffordshire.pnn.police.uk](mailto:northern.licensing@staffordshire.pnn.police.uk)

**1.**

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

1.	FULL NAME:	
2.	ADDRESS:  POST CODE:	
3.	TELEPHONE NUMBER:	
4.	DATE OF BIRTH:	
5.	PLACE OF BIRTH (city and country):	

**2.**

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

1.	FULL NAME OF BODY:	
2.	ADDRESS: (of registered or principal officer)  POST CODE:	
3.	TELEPHONE NUMBER:	

**3.**

Please give full names and addresses of ALL directors or other persons responsible for the management of the establishment.

<b>PERSON 1</b>		
1.	FULL NAME:	
2.	ADDRESS:	
	POST CODE:	
3.	TELEPHONE NUMBER:	
4.	DATE OF BIRTH:	
5.	PLACE OF BIRTH (town and country)	

<b>PERSON 2</b>		
1.	FULL NAME:	
2.	ADDRESS:	
	POST CODE:	
3.	TELEPHONE NUMBER:	
4.	DATE OF BIRTH:	
5.	PLACE OF BIRTH (town and country)	

<b>PERSON 3</b>		
1.	FULL NAME:	
2.	ADDRESS:	
	POST CODE:	
3.	TELEPHONE NUMBER:	
4.	DATE OF BIRTH:	
5.	PLACE OF BIRTH (town and country)	

Please continue on a separate sheet of paper if required.

4

Is the applicant or any person named in answer to question 3, concerned in any way financially or otherwise in any other business which controls, measures or supplies sex establishments?

YES

NO

If the answer is yes, please give details of the name of the person's concerned, their full home addresses, the name and address of the business and the nature and extent of the connection.

NAME:

ADDRESS:

POST CODE:

TELEPHONE:

BUSINESS NAME:

BUSINESS ADDRESS:

POST CODE:

TELEPHONE:

NATURE AND EXTENT OF THE CONNECTION:

5.

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

YES

NO

If the answer is yes, please give details below. Please be aware that it is a criminal offence to make a false statement about any convictions recorded or pending.

DATE OF CONVICTION AND COURT ADDRESS	OFFENCE RECORDED OR PENDING	SENTENCE OR FINE (including suspended sentences)

6.

Have you been resident in the UK throughout a period of six months immediately preceding the date of this application?

YES

NO

7.

If the application is made behalf of a corporate body, is that body incorporated within the UK?

YES

NO

In respect of each individual who is responsible for the management of the premises in the absence of the Licence holder, please supply the following details:

FORENAME:	
SURNAME:	
PREVIOUS NAMES:	
ADDRESS:	
POST CODE:	
TELEPHONE:	
DATE AND PLACE OF BIRTH :	
DATE OF WHICH BECAME RESIDENT OF THE UK: (if applicable)	

FORENAME:	
SURNAME:	
PREVIOUS NAMES:	
ADDRESS:	
POST CODE:	
TELEPHONE:	
DATE AND PLACE OF BIRTH :	
DATE OF WHICH BECAME RESIDENT OF THE UK: (if applicable)	

Please continue on a separate sheet if required.

8.

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

DATE OF CONVICTION AND COURT ADDRESS	OFFENCE/S RECORDED OR PENDING	SENTENCE OR FINE (including suspended sentences)

9.

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

YES

NO

If yes, please give details:

**10.**

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 UK?

YES

NO

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

**11.**

Please give details of their occupation 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. Continue on a separate sheet if required:

PERSON 1	EMPLOYER NO. 1	EMPLOYER NO. 2
FULL NAME:		
FORMER NAME:		
EMPLOYER ADDRESS:		
POST CODE:		
NATURE OF EMPLOYMENT:		
DATES OF EMPLOYMENT FROM AND TO:		



PERSON 1	EMPLOYER NO. 3	EMPLOYER NO. 4
FULL NAME:		
FORMER NAME:		
EMPLOYER ADDRESS:		
POST CODE:		
NATURE OF EMPLOYMENT:		
DATES OF EMPLOYMENT FROM AND TO:		

PERSON 2	EMPLOYER NO. 1	EMPLOYER NO. 2
FULL NAME:		
FORMER NAME:		
EMPLOYER ADDRESS:		
POST CODE:		
NATURE OF EMPLOYMENT:		
DATES OF EMPLOYMENT FROM AND TO:		

PERSON 2	EMPLOYER NO. 3	EMPLOYER NO. 4
FULL NAME:		
FORMER NAME:		
EMPLOYER ADDRESS:		
POST CODE:		
NATURE OF EMPLOYMENT:		
DATES OF EMPLOYMENT FROM AND TO:		

## THE PREMISES

12.

If this application relates to a vehicle / vessel / stall, please give a description and state where it is to be used as a sex establishment:

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13.

Where the licence is sought in respect of premises, please give the name by which the premises will be known and the full address:

1.	PREMISE NAME:	
2.	ADDRESS:  POST CODE:	
3.	TELEPHONE NUMBER:	
4.	EMAIL ADDRESS	
5.	MOBILE TEL. NUMBER	

14.

Is the Premise:

FREEHOLD

LEASEHOLD

**15.**

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

NAME AND ADDRESS OF LANLORD:	
POST CODE:	
NAME AND ADDRESS OF SUPERIOR LANDLORD : (where applicable)	
LENGTH OF UNEXPIRED TERM OF THE LEASEHOLD:	
LENGTH OF NOTICE REQUIRED TO TERMINATE THE TENANCY:	

**16.**

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:

**17.**

Is the business wholly owned by the applicant?

YES  NO

**18.**

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

YES  NO

**19.**

If the answer is no, please state:

Which part of the premises is to be used for the purpose of this licence:	
What use will the remainder of the premises be used for:	
The names of those who are responsible for the management of the remainder of the premises:	

**20.**

Describe the measures being taken to ensure that the interior of the premises is not visible to passers-by?

**21.**

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

YES  NO

**22.**

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:

1.	NAME:	
2.	ADDRESS:	
	POST CODE:	
3.	TELEPHONE NUMBER:	
4.	EMAIL ADDRESS	
5.	MOBILE TEL. NUMBER	
6.	DATE:	

23.

During which hours do you wish to trade:

PLEASE USE THE 24 HOUR CLOCK				
Standard days and timings				
Day	Start	Finish	Further Details	
Mon				
Tue				
Wed				Seasonal Variations
Thur				
Fri				Non Standard timings
Sat				
Sun				

24.

Please indicate what the premises are to be used for:

ACTIVITY	YES	NO
SEX SHOP		
SEX CINEMA		
SEX ENCOUNTER ESTABLISHMENT		

**25.**

Are you (or, in a corporate/unincorporated body, that body), disqualified from holding a licence for a sex establishment?

YES

NO

**26.**

Have you ever ben refused a licence for a sex establishment?

YES

NO

If yes, please give details:

**27.**

If the application is for a licence for a sex shop, please state whether any part of the premises is to be used for the purpose of displaying films, video recording, DVD's or other moving pictures:

YES

NO

If yes, please indicate how many cubicles are to be provided for viewing and if so how many:

Please

CUBICLES YES	CUBICLES NO	IF YES HOW MANY



**28.**

Please details what (if any) articles will be offered for sale:

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**29.**

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

DESCRIPTION OF ADVERTISEMENTS	SIZE

**30.**

Is there is force against the applicant or any of the persons named at any part of this application a disqualification from holding a licence for a sex establishment under the Local Government (Miscellaneous Provisions) Act 1982?

YES

NO

31.

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

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**APPLICANTS SHOULD BE AWARE THAT ANY PERSON WHO, IN CONNECTION WITH AN APPLICATION FOR THE GRANT, RENEWAL OR TRANSFER OF A LICENCE, MAKES A STATEMENT WHICH THEY KNOW TO BE FALSE IN ANY MATERIAL RESPECT, OR WHICH THEY DO NOT BELIEVE TO BE TRUE, IS GUILTY OF AN OFFENCE AND LIABLE TO SUMMARY CONVICTION TO A FINE NOT EXCEEDING £20,000.00.**

DECLARATION:

I declare that I have checked the information given in this application form and to the best of my knowledge and belief it is correct and I confirm a copy of the application has been sent to the Chief Officer of Police for the area.

SIGNATURE:	
PRINT NAME:	
DATE:	
DESIGNATION OF SIGNATORY	

SIGNATURE:	
PRINT NAME:	
DATE:	
DESIGNATION OF SIGNATORY	

