



# Mansfield District Council

*Creating a District where People can Succeed*

## LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

### APPLICATION FOR GRANT, RENEWAL OR TRANSFER OF SEX ESTABLISHMENT LICENCE

This application is for (please tick):-

- New Licence                       Renewal                       Transfer     Variation
- Premises                               Stall                               Vessel

Before completing this form, please read the accompanying notes.  
Applicants should complete either section A or B, and all applicants must complete Sections C and D and E.

Please attach additional details to your application if there is insufficient room on this form.

#### (A) Individual applicants

1. Full name.....
2. Former names.....
3. Home Address.....  
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4. Address to which communications are to be sent.....  
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.....
5. Daytime telephone number.....
6. Date of birth.....
7. Place of birth.....
8. How long have you been resident in the UK?.....

9. Have you ever been convicted of an offence or received a formal caution?<sup>1</sup> **YES/NO**

If YES, please give details.....

.....  
.....

10. Are you a member of or officer of any Companies involved in the sex industry? **YES/NO**

If YES, please give full name, registered office and Company registration number for all companies in which you are involved and indicate whether you are an officer of the Company (Director, Secretary, Manager etc) and/or if you are a shareholder. Please also indicate if you are the controlling shareholder.

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Have any of the above Companies ever been convicted of an offence or received a formal caution?<sup>2</sup> **YES/NO**

If YES, give details.....

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**(B) Application from Companies or partnerships**

1. Name of Company or partnership.....

Name of contact officer.....

2. If a Company, is it incorporated in the UK? **YES/NO**

If yes, give registration number.....Date when incorporated.....

3. Daytime telephone number.....

4. Registered or principal office address.....

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5. Trading address if different from registered or principal address.....

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<sup>1</sup> You do not need to disclose convictions which are spent under the terms of the rehabilitation of offenders Act 1974

<sup>2</sup> You do not need to disclose convictions which are spent under the terms of the rehabilitation of offenders Act 1974

6. Details of all directors, Company Secretary or partners (continue on separate sheet if necessary)

Name	Date of Birth	Private Address	Details of convictions/cautions	Position in company

7. Details of other persons with controlling interests in the Company (continue on separate sheet if necessary)

Name	Date of Birth	Private Address	Details of convictions/cautions	Position in company

8. Details of Manager of premises

Name	Date of Birth	Private Address	Details of convictions/cautions

9 Is the applicant a wholly or partly owned subsidiary of another Company?

.....

(a) What type of Company is the applicant (e.g public or private limited by share or guarantee etc)

.....

10. Is the applicant or any person named in the answers given to questions 6, 7 and 8 above concerned in any way financially or otherwise with any other business connected with the sex industry? **(Please tick)**  
Yes  No

11. If "yes" give the names of the persons concerned, full details of the other business and the nature and extent of the connection. Continue on a separate sheet if necessary

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12. Has the applicant company or any of the persons named in the answers given to questions 6, 7 and 8 above ever been convicted of an offence or received a formal caution? <sup>3</sup> **YES/NO**

If YES, give details (continue on a separate sheet if necessary)

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**(C) Premises/Stall/Vessel to be licensed**

1. Is the application in respect of **(Please tick)** Sex Shop   
Sex Cinema   
Sexual Entertainment Venue

2. Trading name of premises/stall/vessel.....

3. Address of premises/stall/vessel.....

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4. What is the nature of the applicant's interest in the premises? **Please tick**

Freehold  Other   
Leasehold

Does the applicant hold a licence to occupy the premises/stall/vessel? **YES/NO**

<sup>3</sup> You do not need to disclose convictions which are spent under the terms of the rehabilitation of offenders Act 1974

5. Give names and addresses of all freehold owners.....  
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6. If the applicant's interest in the premises is a leasehold one, please state  
(i) Whether a head lease or an underlease .....  
(ii) (a) The name and address of the landlord.....  
.....  
(b) The name and address of the superior landlord (where applicable)  
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7. Give names and addresses of any other person with an interest in the premises  
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8. Give details of any other person with an interest in the goodwill of the business  
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9. Are the whole of the premises to be used under the licence? **(Please tick)**  
Yes  No   
If "no", please state  
(a) which part of the premises is to be used for the purposes of the licence  
.....  
(b) the use to which the remainder of the premises are put  
.....  
(c) the names of those who are responsible for the management of the remainder of the premises  
.....

10. Are the premises which are to be used for the purposes of the licence constructed or adapted as to permit access to and from the premises for members of the public who are disabled?

Please tick Yes  No

11. If the answer is "no" please state (on a separate sheet) the applicant's proposals for such access.

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

Yes  No

13. If yes, give the name and address of the persons or body who now operate the business, and (where known), the date upon which the premises were first used as such.

Name	Address	Date

**(D) Nature of the application**

**For New Applications, Renewals and Tranfers**

- 1 What hours do you intend to operate?  
Monday .....  
Tuesday .....  
Wednesday .....  
Thursday .....  
Friday .....  
Saturday .....  
Sunday .....

2 How many staff do you intend to employ and in what roles?  
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3 For **sexual entertainment venues**, please give full description of the nature of the entertainment which you intend to provide. You should include copies of any "house rules" or codes of practice which you intend to operate to and any conditions which you intend to apply to your staff, business, or customers (continue on a separate sheet if necessary)

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**For variations**

4 Please give full details of the variation sought (continue on a separate sheet if necessary)

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**For transfers**

5 Please give details of existing licence holder .....

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**(E)General**

1. Outline the applicant's experience in running a sex establishment (as an individual or Company)

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2. Has the applicant ever had a Sex Establishment Licence which has been revoked?  
**YES/NO**

If yes, give details surrounding revocation including date, revoking authority and reasons

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4. Have you ever been refused the grant or renewal of a Sex Establishment Licence **YES/NO**

If yes, give details surrounding refusal including date, refusing authority and reasons

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**I enclose:-**

- ◆ **The application fee**
- ◆ **3 copies of plans of the premises**

Please note that the level of fees are due review in April of each year. Prior to sending your application please contact us to obtain the current fee if you intend to apply after 1 April.

APPLICANTS ARE WARNED 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, IS GUILTY OF AN OFFENCE AND LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING TWENTY THOUSAND POUNDS (£20,000).

**DECLARATION**

I declare that the information given above is true and complete in every respect.

Signature of applicant: .....

Date of application: .....

**This application should be completed in full and returned to:-**

THE LICENSING OFFICER, MANSFIELD DISTRICT COUNCIL, CIVIC CENTRE,  
CHESTERFIELD ROAD SOUTH, MANSFIELD, NOTTINGHAMSHIRE, NG19 7BH.