



**Licensing Authority
Torrington District Council**

**Riverbank House
Bideford, Devon, EX39 2QG
Tel: 01237 428700**

Local Government (Miscellaneous Provisions) Act 1982

Application for a licence for a Sex Establishment

CHECKLIST	Please tick ✓ yes
I have made or enclosed payment of the fee	
I have enclosed a plan of the premises (see guidance notes)	
I have sent a copy of this application and the plan to Chief Officer of Police at Licensing Department, Devon & Cornwall Constabulary, Launceston Police Station, Moorland Road, LAUNCESTON, PL15 7HY	
I have enclosed a criminal conviction certificate (Basic DBS check) or the results of a subject access search of the police national computer (PNC check) for each applicant (these must be dated within the last month)	
I understand that I must now advertise my application in accordance with Schedule 3 of the Act	
I understand that if I do not comply with the above requirements my application will be rejected	

Application for a Licence for a Sex Establishment

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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

I/We
(insert name(s) of applicant)

apply for a sex establishment licence for the premises described in Part 1 below (the premises) in accordance with section 3 of the Local Government (Miscellaneous Provisions) Act 1982.

Part 1 – Premises details

Trading name of premises	
Postal address of premises or, if none, ordnance survey map reference or description	
Post town	Post code
Telephone Number of premises (if any)	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick <input type="checkbox"/> yes		
a) An individual or individuals *		please complete section (A)
b) a person other than an individual: *		
i) as a limited company/limited liability partnership		please complete section (B)
ii) as a partnership (other than limited liability)		please complete section (B)
iii) as an unincorporated association or		please complete section (B)
iv) other (for example a statutory corporation)		please complete section (B)

A) INDIVIDUAL APPLICANTS (fill in as applicable)

TITLE (delete as appropriate): Mr Mrs Miss Ms Other Title (for example, Rev):	
Surname:	
First Name(s):	
Date of Birth:	I am 18 years old or over <input type="checkbox"/> Please tick ✓ yes
Nationality:	
Home address:	
Post Town:	Post Code:
Daytime contact telephone number:	
E-Mail address (optional):	

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

TITLE (delete as appropriate): Mr Mrs Miss Ms Other Title (for example, Rev):	
Surname:	
First Name(s):	
Date of Birth:	I am 18 years old or over <input type="checkbox"/> Please tick ✓ yes
Nationality:	
Home address:	
Post Town:	Post Code:
Daytime contact telephone number:	
E-Mail address (optional):	

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned

Name
Address
Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
E-mail address (optional)

Part 3 – Description of trading activity

<p>The premises will trade as:</p> <p>A sex cinema <input type="checkbox"/> A sex shop <input type="checkbox"/> A sexual entertainment venue <input type="checkbox"/></p>						
<p>The premises will trade on the following days and between the following times:</p>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Has any person or the corporate or unincorporated body referred to in this application:	
Been convicted of a criminal offence?	
Been disqualified from holding a licence for a sex establishment?	
Been refused the grant / renewal / transfer of a licence for a sex establishment?	
Been the holder of a sex establishment licence when that licence has been revoked?	
If 'Yes' to any of the above please provide details:	
Does the applicant operate any other sex establishments?	

Part 4 – Declaration

I/We declare that the information provided in this application is true and accurate to the best of our knowledge and belief.

Signature of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 4) If signing on behalf of the applicant please state in what capacity.			
Signature		Date	
Capacity			

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (see guidance note 4) If signing on behalf of the applicant please state in what capacity.			
Signature		Date	
Capacity			

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

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 together with either a criminal record certificate (Basic DBS check) or the results of a subject access search of the Police National Computer. These must be dated within the last one month.
 - 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 a scale of 1:100 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) Licensing Team, Torridge District Council, Riverbank House, Bideford, Devon. EX39 2QG
 - (ii) Chief Officer of Police, Licensing Department, Devon & Cornwall Constabulary, Launceston Police Station, Moorland Road, LAUNCESTON, PL15 7HY.
 - 8) 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) 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) Fees can be obtained via the council's website or by contacting the Licensing Unit, Torridge District Council.
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Privacy Notice

Torridge District Council collects stores and processes your personal information in accordance with the requirements of the General Data Protection Regulation (Regulation (EU) 2016/679) and Data Protection Act 2018.

Our lawful basis has been determined as:
Public Task – in relation to personal data
Substantial Public Interest – in relation to 'special category' personal data

Personal information provided on this form may be shared with other council services where this assists in the delivery of those services.

Personal information provided on this form may be shared with third parties where we are legally obliged to do so, or where this is necessary to enable us to provide the service requested.

To view our full privacy policy including information on your rights, how to contact the Data Protection Officer, data retention information, more detail on information sharing and how to provide feedback or make a complaint, please see the privacy pages of our website: <http://www.torridge.gov.uk/privacypolicy/>

Alternatively, a full copy of our privacy policy can be viewed at our main office or a copy can be requested by writing to the Data Protection Officer at Riverbank House, Bideford, Devon, EX39 2QG.