



**Application for a Sex Establishment Licence to be
Granted /Renewed/Varied
(Local Government Miscellaneous Provisions Act 1982, Sec 2 and Sch 3
as amended by Policing and Crime Act 2009, Sec 27, Sch 3 and Sch 7 para 3.)**

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 apply for a Sex Establishment Licence for the premises described in Part 1 below.

Part 1 – Premises details including its name.

Postal address of premises or, if none, ordnance survey map reference or description	
Post town	Post code

Telephone number at premises:

Daytime	
Evening	
Mobile	

Nature of Licence:

- Sex Shop
- Sex Cinema
- Sexual Entertainment Venue

Part 2 - Applicant details

Please state whether you are applying for a licence as

- a) an individual or individuals* please complete section (A)
- b) a person other than an individual*
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)

(A) INDIVIDUAL APPLICANTS

1. Your personal details				
TITLE (delete as appropriate): Mr / Mrs / Miss / Ms / Other (please state)				
Surname				
Forenames				
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.				
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)				
Surname				
Forenames				
I am 18 years old or over. Please tick ✓	Yes	No	Date of Birth	Place of Birth
National Insurance No				
Passport Details (issued by, validity dates).				
ADDRESS WHERE ORDINARILY RESIDENT (Please provide full details of all addresses where ordinarily resident during the past 5 years)				
1.				
Post town		Post code		
2.				
Post town		Post code		
3.				
Post town		Post code		
TELEPHONE NUMBERS				
Daytime				
Evening				
Mobile				
FAX NUMBER				
EMAIL ADDRESS				

SECOND INDIVIDUAL APPLICANT (if applicable)

1. Your personal details				
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)				
Surname				
Forenames				
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.				
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)				
Surname				
Forenames				
I am 18 years old or over. Please tick ✓	Yes	No	Date of Birth	Place of Birth
National Insurance No				
Passport Details (issued by, validity dates).				
ADDRESS WHERE ORDINARILY RESIDENT (Please provide full details of all addresses where ordinarily resident during the past 5 years)				
1.				
Post town			Post code	
2.				
Post town			Post code	
3.				
Post town			Post code	
Post town			Post code	
TELEPHONE NUMBERS				
Daytime				
Evening				
Mobile				
FAX NUMBER				
EMAIL ADDRESS				

(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. Full details of all directors/partners must be given.

1.

Name
Address
Date of Birth
Place of Birth
National Insurance No
Company Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
Email address (optional)

2.

Name
Address
Date of Birth
Place of Birth
National Insurance No
Passport Details
Company Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
Email address (optional)

3.

Name
Address
Date of Birth
Place of Birth
National Insurance No
Passport Details
Company Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
Email address (optional)

Part 3 Management of premises and style of operation

1. Who will be responsible for the day to day management of the premises.
Please provide details of all managerial and supervisory staff involved in the running of the premises. Further sheets are available.

1. Personal details				
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)				
Surname				
Forenames				
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.				
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)				
Surname				
Forenames				
I am 18 years old or over. Please tick ✓	Yes	No	Date of Birth	Place of Birth
National Insurance No				
Passport Details (issued by, validity dates).				
ADDRESS WHERE ORDINARILY RESIDENT				
(Please provide full details of all addresses where ordinarily resident during the past 5 years)				
1.				
Post town		Post code		
2.				
Post town		Post code		
3.				
Post town		Post code		
TELEPHONE NUMBERS				
Daytime				
Evening				
Mobile				
FAX NUMBER				
EMAIL ADDRESS				

Part 4 Operating Schedule

When do you want the licence to start?

If you wish the licence to be valid only for a limited period, when do you want it to end?

Hours Premises are open to the Public		
	Start	Finish
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please give a general description of the premises, including the following information.

Style of Operation

Management Structure

Experience of running similar establishments (full details to be provided)

Details of welfare provisions for performers

How you intend to address the conditions in Mid Sussex District Council's Policy for Sex Establishment Venues

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6. CHECKLIST:**I have**

Please tick ✓

- | | |
|--|--|
| 1. Enclosed two photographs of myself (and for every person who's details have been included in this application) one of which is endorsed as a true likeness by a solicitor or notary, a person of standing in the community or any individual with a professional qualification. | |
| 2. Enclosed an enhanced criminal conviction certificate from Criminal Records Bureau for every person whose details have been included in this application. | |
| 3. Enclosed a completed disclosure of criminal convictions and declaration form (Schedule 3) for every person whose details have been included in this application. | |
| 4. I will send a copy of this application to The Chief Officer, Sussex Police within 7 days of today's date. | |
| 5. Made or enclosed payment of the fee for the application | |

7. Declaration

The information contained in this form is correct to the best of my knowledge and belief.

It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant, renewal or variation of Sex Establishment Licence. (A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement). To do so could result in prosecution and a fine not exceeding [£20000].

SIGNATURE**DATE**

The information you have given on this form will only be used by Mid Sussex District Council and its employees in accordance with the Data Protection Act 1998. The information will not be given to any other organisation or individual except to the extent permitted by the Data Protection Act.

For further information, see under Data Protection Act on Mid Sussex District Council's web site www.midsussex.gov.uk

Please return the form to :-
 Licensing Team
 Mid Sussex District Council
 Oaklands
 Oaklands Road
 Haywards Heath
 West Sussex
 RH16 1SS

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant.
2. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
3. The application form must be signed.
4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
6. The policy for Licensing Sex Establishments in Mid Sussex District Council Area must be read in conjunction with this application.