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|  | Form SE1 |
| Licensing and Public Protection, Torbay Council, Town Hall, Castle Circus, Torquay, TQ1 3DR | |
| **Application For A Sex Establishment Licence** | |
| Local Government (Miscellaneous Provisions) Act 1982 As Amended | |
| Please read the following instructions | |
| 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. All questions must be answered, save where otherwise stated. If relevant questions are not answered, the application will be deemed incomplete and returned to the applicant.  Any person who, in connection with an application for a grant of a sex establishment licence makes a false statement which he knows to be false in any material respect of which he does not believe to be true is guilty of an offence and liable on summary conviction to a fine not exceeding £20,000. | |

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| Section 1 - APPLICATION DETAILS | | | |
| 1. | Is the application for a: | | |
|  | Sexual Entertainment Venue | Sex Shop | Sex Cinema |
|  | Grant | Renewal | Variation |
|  | If the application is for a variation, please state the nature of the variation: | | |

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| Section 2 - APPLICANT DETAILS | |
| 2. | Is the applicant: |
|  | An individual (please answer questions 3 and 4) |
|  | A company or other corporate body (please answer questions 5 to 9) |
|  | A partnership or other unincorporated body (please answer questions 10 to 12) |
| Individual Application | |
| 3. | Full name of applicant (individual): |
|  | Former or previous names: |
|  | Home address: |
|  | Post town:      Post code: |
|  | Telephone numbers: |
|  | Date of birth: |

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| 4. | Are there any other persons responsible for the management of the premises/business other than those stated in question 3? Please state their names and addresses: |

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| **Company or other corporate body** | | |
| 5. | | Name of applicant (company name): |
|  | | Address of registered or principal office:  Post town:      Post code: |
|  | | Registration number: |
| 6. | | Name and address of the applicant’s directors and company secretary (please use additional sheet if necessary): |
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| 7. | Are there any other persons responsible for the management of the premises/business other than those stated in question 5 and 6? Please state their names and addresses: | |
| 8. | State the names of all persons with a shareholding greater than 10% in the business: | |
| 9. | Is the business a wholly owned subsidiary or another company or corporate body? If so state the name, place of registration and identity of its directors and company secretary: | |

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| **Partnership or other unincorporated body** | | | |
| 10. | | Name and address of applicant: | |
| 11. | | Names and addresses of applicant’s partners (please use additional sheet): | |
| 12. | Are there any other persons responsible for the management of the premises/business other than the partners? Please state their names and addresses: | |

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| **All applicants** | | |
| 13. | a. Has the applicant ever been known by any other name? | Yes  No |
|  | b. Has the applicant ever been convicted of a criminal offence? | Yes  No |
|  | c. Has the applicant ever been refused a sex establishment licence? | Yes  No |
|  | d. Has the applicant ever had a sex establishment licence revoked? | Yes  No |
|  | e. Has the applicant ever been served with a winding up petition? | Yes  No |
|  | If the answer to any of these questions is yes, please provide details: | |
| 14. | Applicants’ trading address or head office (other than the premises): | |
| 15. | Will the business for which this licence is sought be carried on for the benefit of a person other than the applicant? | Yes  No |
|  | If the answer is yes, state the name, address, place of registration, registered number and the identity of all directors, company secretary and those with a greater than 10% shareholding: | |
| 16. | Does the applicant operate any other sex establishments, licensed or otherwise? Please state name, address, and type of sex establishment of each: | |

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| Section 3 - PREMISES DETAILS | | | |
| 17. | Please state the name the business will be known as: | | |
| 18. | Is the premises a  Premises  Vehicle  Vessel  Stall | | |
| 19. | Where is it proposed to use the vehicle, vessel or stall? | | |
| 20. | In the case of a sex shop, does the company propose to only operate on the internet? (if yes answer questions 21 to 28 only) | Yes  No | |
| 21. | Premises address:  Post town:       Post code: | | |
|  | Telephone number at premises: | | |
| 22. | Which part of the premises is to be used as a sex establishment? | | |
| 23. | Is the applicant  owner  lessee  sub-lessee  other | | |
| 24. | If the applicant rents the property state: | | |
|  | a. Name and address of landlord | | |
|  | b. Name and address of the superior landlord: | | |
|  | c. Total annual rental: | | |
|  | d. Length of unexpired term: | | |
|  | e. Notice required to terminate tenancy: | | |
| 25. | Please provide details of the building management company (if appropriate): | | |
| 26. | State the current use of the premises: | | |
| 27. | Has planning permission, or a certificate of lawful use, been obtained for the use of the proposed premises? | | Yes  No |
| 28. | Can members of the public access the premises: | | |
|  | a. Directly from the street? | | Yes  No |
|  | b. From other premises? | | Yes  No |
|  | c. Not at all? (internet sales only) | | Yes  No |
| 29. | Are the premises so constructed or adapted and laid out as to permit access to, from and within the premises (including WC facilities) for members of the public who are disabled? | | Yes  No |
|  | If you have ticked ‘no’ please state your proposals for affording such access: | |  |
| 30. | a. Numbers of door supervisors: | | |
|  | b. Hours door supervision in place: | | |
| 31. | Are the premises currently being used as a sex establishment? | | Yes  No |
|  | Please provide details of the business currently operating the business: | | |
| 32. | Are the premises licensed under any other Act such as the Licensing Act 2003? | | Yes  No |
|  | Please state the name of the designated premises supervisor: | | |

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| Section 4 - OPERATING SCHEDULE | | | |
| 33. | Opening hours: (If internet sales only please tick here  and continue to Q40) | | |
|  | Monday: | Friday: | |
|  | Tuesday: | Saturday: | |
|  | Wednesday: | Sunday: | |
|  | Thursday: | | |
| 34. | Has the applicant entered into any written or oral agreement in connection with the business, for example a management agreement, partnership agreement or profit share arrangement? Please provide details: | | Yes  No |
|  | a. Please provide details of any lender, mortgage or others providing finance: | | |
|  | b. Please provide details of any merchandising agreements: | | | |

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| **Premises management** | | |
| 35. | Please state the name of the person who will be in day to day control of the premises (the manager): | |
|  | a. Will the manager be based at the premises? | Yes  No |
|  | b. Will the management of the premises be the manager’s sole occupation? | Yes  No |
| 36. | Who will be in control of the premises in the manager’s absence (relief manager)? | |
|  | a. Will the relief manager be based at the premises in the absence of the manager? | Yes  No |
|  | If you have ticked ‘no’ to any of the above, please provide details:    (Please complete an SE2 form for each person mentioned in this section) | |

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| **External appearance and advertising** | |
| 37. | Please describe the proposed exterior signage and advertising. Please include nature, content and size of each sign and any images to be used: |
|  | Please note that a drawing/photo of the front elevation is required to be submitted with this application |
| 38. | Please describe how the interior of the premises is obscured to passers by: |
| 39. | Please describe any proposed window displays: |
| 40. | Please describe how the business is to be advertised, i.e. business cards, billboard advertising, personal solicitation, advertising on motor vehicles, radio or television advertising: |

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| **Policies and Operating Schedule** | |
| 41. | Please provide details of the age verification policy: |
| 42. | Please provide details of the CCTV arrangements: |
| 43. | State measures to be taken to prevent nuisance to residents and businesses in the vicinity: |
| 44. | State measures to be taken to promote public safety: |
| 45. | State measures to be taken to prevent crime and disorder: |
| 46. | State measures to be taken to protect children from harm: |
| 47. | State measures to ensure employees age and right to work in the UK: |
| 48. | Describe training and welfare policies: |

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| **Applications for Sexual Entertainment Venues Only** | | | |
| 49. | Is the proposal for full nudity? | | Yes  No |
| 50. | Describe the nature of the entertainment, e.g. lap-dancing, pole dancing, stage strip-tease: | | |
| 51. | Please enclose a copy of the code of practice performers must abide by (or equivalent document), and describe how performers will be monitored to ensure compliance: | | |
| 52. | Please enclose a copy of the code of conduct customers must abide by (or equivalent document), and describe how customers will be monitored to ensure compliance: | | |
| 53. | Please enclose a copy of the welfare policy for performers (or equivalent document) and describe how this will be distributed: | | |
| 54. | Does the business intend to provide vehicles to transport customers or performers to and from the premises? | Yes  No | |
|  | Please enclose copies of the relevant licences issued by Taxi and Private Hire Licensing. | | |

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| **Further information** | |
| 55. | Please set out any further information you wish the authority to take into account: |
| 56. | Is there any information on this form you do not wish to be seen by members of the public? If so state which information and the reasons why you do not wish it to be seen: |

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| Section 5 - CHECKLIST & ENCLOSURES | |
| **Enclosures** | |
| I have made or enclosed payment of the fee. |  |
| I have enclosed three sets of plans of the premises. |  |
| I have enclosed a drawing of the street elevation of the premises. |  |
| I have enclosed a completed form SE2 for each person named in questions 3 to 11. |  |
| I have enclosed a completed form SE2 for the Manager and Relief Manager. |  |
| I have enclosed a copy of the company’s staff welfare policy. |  |
| I have enclosed a copy of the code of practice for dancers (if appropriate). |  |
| I have enclosed a copy of the code of conduct for customers (if appropriate). |  |
| I have enclosed a copy of the Dancers Information Pack (if appropriate). |  |
| I have enclosed a copy of the licences for vehicles used in connection with the business (if appropriate). |  |
| I have enclosed a certified copy of the resolution authorising the application where the business is conducted by or on behalf of a body corporate or unincorporated body. |  |
| I have enclosed a copy of written authority by partners for the application where the business is carried out by or on behalf of partners. |  |
| I have enclosed copies of the memoranda and articles or association of the company, the parent company and any ultimate holding company where the applicant is a company. |  |
| I have enclosed a certified copy of the Partnership deed is the application is made on behalf of a partnership. |  |
| **Advertisement** |  |
| I declare that I have served a copy of this application on Devon and Cornwall Police. |  |
| I declare that a public notice advertising this application has today been displayed upon the proposed premises where it may be conveniently read by the public and will remain thereon for a period of 21 days. |  |
| I declare that within seven days of the date of this application a public notice advertising this application will be publicised in the legal notices column of the local press. |  |
| A copy of the relevant press edition will be forwarded to Licensing and Public Protection. |  |
| I understand that if I do not comply with the above requirements my application will be rejected. |  |
| Torbay Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on your application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. | |
| Any person who, in connection with an application for a grant, renewal, variation or transfer of a sex establishment licence, makes a false statement which he knows to be false in any material respect of which he does not believe to be true is guilty of an offence and liable on summary conviction to a fine not exceeding £20,000. | |

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| Section 6 - SIGNATURES | |
| Signature of applicant or applicant’s solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity.  Signature:  Date:  Capacity: | |
| Contact Name (where not previously given) and address for correspondence associated with this application: | |
| 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): | |

**Guidance Notes**

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| 1. | Please return this completed application form to:  **Licensing and Public Protection**  **Town Hall, Castle Circus, Torquay, TQ1 3DR or by email to** [**licensing@torbay.gov.uk**](mailto:licensing@torbay.gov.uk) |
| 2. | Please make cheques and postal orders payable to Torbay Council. |
| 3. | Please check Torbay Council’s website for current fees. |
| 4. | The applicant is responsible for serving a copy of this application the **Licensing Officer, Devon and Cornwall Constabulary, Launceston Police Station, Moorland Road, Launceston, PL15 7HY or by email to** [**licensing.team@devonandcornwall.pnn.police.uk**](mailto:licensing.team@devonandcornwall.pnn.police.uk) |
| 5. | The licensing authority may forward copies of this application to the Devon and Somerset Fire and Rescue Service who will assess the application and inspect the premises, if necessary, to provide observations in relation to the structure, safety and suitability of the building for the purpose intended. |
| 6. | Furthermore, details of this application will be forwarded to the local Ward Members. |
| 7. | Requirements for layout plan |
|  | The plan must show:   1. The layout of the premises including, e.g. stage, bars, cloakroom, WCs, performance area, dressing rooms. 2. The extent of the boundary of the premises outlined in red 3. The extent of the public areas outlined in blue 4. Uses of different areas in the premises, e.g. performance areas, reception, staff facilities. 5. Structures or objects (including furniture) which may impact on the ability of individuals to use exits or escape routed without impediment. 6. Location of points of access to and egress from the premises. 7. Any parts used in common with other premises. 8. Position of CCTV cameras 9. Where the premises includes a stage or raised area, the location and height of each stage or area relative to the floor. 10. The location of any steps, stairs, elevators or lifts. 11. The location of any public conveniences, including disabled WCs. 12. The location and type of any fire safety and other safety equipment. 13. The location of the kitchen (if applicable). 14. The location of emergency exits. |

For further assistance or information please contact Licensing and Public Protection on 01803 208025