

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS)
ACT 1982 (as amended)**



APPLICATION FOR A SEX ESTABLISHMENT LICENCE

SECTION A: DETAILS OF PREMISES TO BE LICENSED				
1. Name and address of premises to be licensed:				
2. Managers name:				
3. Licence applied for (please tick)				
LICENCE TYPE				
Sex Shop		Sex Cinema		Sexual Entertainment Venue
APPLICATION TYPE				
NEW		RENEWAL	Existing licence number <i>(if applicable)</i>	
SECTION B: APPLICANT DETAILS				
4. Title & full name of applicant / Limited Company name:				
5. Under what name are (or will) the premises be known?				
6. If a company, please provide a named point of contact for this application:				
7. Telephone Number:				
8. Email address				
SECTION B1 – FOR APPLICATIONS BY INDIVIDUALS				
Applicant date of birth:		Place of birth:		
SECTION B2 – FOR APPLICATIONS BY CORPORATE BODIES OR BY AN UNINCORPORATED COMPANY				
9. Country in which company incorporated				
10. Company / Registered Number:				

11. Please complete details of the company secretary, the Directors and / or any person involved in the management of the company *(continue on a separate sheet if necessary)*.

POSITION	NAME (including any former names)	HOME ADDRESS

SECTION C: OPERATION OF THE PREMISES

12. If the application is for a licence for a sex shop, state whether any part of the premises is to be used for the purposes of displaying films, video recordings or other moving pictures. If "yes" state whether cubicles are to be used for viewing and if so how many?

13. For **all licence types**, describe the means taken to prevent the interior of the premises being visible to passers-by?

14. Proposed opening times:

	FROM	TO
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		
SEASONAL VARIATIONS		

DECLARATION

- I enclose 2 copies of a plan of the premises (at scale of 1:50, 1:100 or 1:250) showing:
 - the layout of the premises
 - the location of areas where activities carried out under the licence will be provided (i.e. any shelving, tables, booths, stages, poles etc)
 - the location of all entrances and exits from the premises, showing clearly those intended for use only as emergency exits
 - The nature and location of fire safety equipment
- I enclose drawings showing the proposed elevation, including sign-writing and advertisements, of any external elevation visible to members of the public [scale to be such that drawings are clearly visible on A3 paper].
- I enclose a map showing the location of the premises at scale 1:1250
- I enclose a current copy of my [Employers liability insurance] and [Public liability insurance] *delete as applicable
- I understand that I must now advertise my application on the window of the premises using the form provided by the Council, for a period of 21 days beginning with the day after submission of my application to the Council.
- I understand that I must also publish a notice, in the format specified by the Council for this purpose, in a local newspaper circulating in the Authorities area no later than 7 days after the date of the application
- I enclose the correct fee.
- I understand that if I do not comply with all of the above requirements, my application will be rejected
- I confirm the information given above is true and complete in every respect, and I understand any statement made by me which I know to be false in any material respect could result in my application being refused.

Name: _____ Designation: _____

Signature: _____ Date: _____

Address for the submission of completed application forms:

**The Licensing Team
Regulatory Services
24 Denmark Road
Carshalton
SM5 2JG**