



Where People Matter

Licensing Authority Mid Devon District Council

Phoenix House, Phoenix Lane
Tiverton, Devon EX16 6PP
Tel: 01884 255255

APPLICATION FOR THE GRANT OF A LICENCE FOR A SEX ESTABLISHMENT

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982, PART 2, SECTION 18

New Renewal Transfer

CHECKLIST:	
Please tick ✓	
<ul style="list-style-type: none">I have paid the relevant fee	
<ul style="list-style-type: none">A plan (see note 1) of the premises to be licensed is enclosed.	
<ul style="list-style-type: none">I enclose evidence of identity containing a photograph in respect of each individual applicant/partner/director, as applicable (for example a certified copy of passport or driving licence).	
<ul style="list-style-type: none">I confirm that a copy of this application will be sent to the Chief Officer of Police at Devon & Cornwall Constabulary, Licensing Department Devon & Cornwall Constabulary, Launceston Police Station, Moorland Road, Launceston, PL15 7HY (licensing.team@devonandcornwall.pnn.police.uk).	
<ul style="list-style-type: none">I confirm that the notice of this application in the form prescribed by Mid Devon District Council will be published in a local newspaper circulating in Mid Devon not later than seven days after the date of this application and that such notice will be displayed for the period of twenty-one days beginning with the date of this application on or near the premises and in a place where the notice can be conveniently be read by the public.	

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form 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. For further information, see <https://www.middevon.gov.uk/privacy-notice/>.

EITHER:

Part 1 – If application is made on behalf of an individual please state:

1. Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)			
Surname:			
Other name(s):			
2. Home Address:			
Postcode:			
3. Place of Birth:			
4. Date of Birth:		Age:	
5. Telephone:		Daytime:	
		Mobile:	
		Evening:	
6. Email Address:			
<i>[please give as many contact details as possible in case we need to contact you]</i>			

OR:

Part 1 – If application is not made on behalf of an individual i.e. it is made by a corporate or incorporated body please state:

7. Type of Body:			
8. Full Name of Body:			
9. Full Address of Registered or Principal Office:			
10. Postcode:			
11. Telephone:			

Part 2 – Give full names and private address of all directors or other persons responsible for management of the establishment

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)			
Surname:			
Other name(s):			
Home Address:			
Postcode:			
Place of Birth:			
Date of Birth:		Age:	
Telephone:		Daytime:	
		Mobile:	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)			
Surname:			
Other name(s):			
Home Address:			
Postcode:			
Place of Birth:			

Date of Birth:		Age:	
Telephone:	Daytime:		
	Mobile:		
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)			
Surname:			
Other name(s):			
Home Address:			
Postcode:			
Place of Birth:			
Date of Birth:		Age:	
Telephone:	Daytime:		
	Mobile:		
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)			
Surname:			
Other name(s):			
Home Address:			
Postcode:			
Place of Birth:			
Date of Birth:		Age:	
Telephone:	Daytime:		
	Mobile:		
<i>[continue on a separate sheet if necessary]</i>			

Part 3 – Convictions

Have you any convictions recorded against you?
Or if a body corporate or unincorporated body, that body or any of its directors or other persons responsible for its management?

YES*

If YES, please state:

- All convictions must be disclosed
- Spent convictions, as defined below, should not be included

Date of conviction(s)	Offence	Sentence (including suspended sentence)
<i>[continue on a separate sheet if necessary]</i>		

Sentence	Becomes spent after:
Imprisonment of between 6 months and 2½ years	10 years
Imprisonment of up to 6 months	7 years
Borstal training	7 years
A fine or other sentence not otherwise covered in this table	5 years
Absolute discharge	6 months
Probation order, conditional discharge or bind over	1 year (or until order expires, whichever is the longer)
Detention Centre Order	3 years
Remand home, attendance centre or approved school order	The period of the order and a further year after the order expires

Hospital order under the Mental Health Act	The period of the order and a further 2 years after it expires
Cashiering, discharge with ignominy or dismissal with disgrace from the Armed Forces	10 years
Dismissal from Armed Forces	7 years
Detention	5 years

NOTE:

A sentence of more than 2½ years imprisonment can never become spent.

If you were under 17 years of age on the date of conviction, please halve the period shown in the right-hand column.

Part 4 – Questions

12. Have you been a resident of an EEA state throughout a period of six months immediately preceding the date of this application?	YES*
13. If the application is made on behalf of a body corporate, is that body incorporated in EEA state?	YES*

Part 5 – Particulars

14. Full address of premises desired to be used as a sex establishment:						
Postcode:						
15. If only part of the building is to be licensed, give details, including the use to which the remainder of the premises will be put, and the names of those responsible for the management of the remainder of the premises:						
16. The premises will trade as a:						
A sex cinema <input type="checkbox"/>	A sex shop <input type="checkbox"/>	A sex entertainment venue <input type="checkbox"/>				
17. If you are seeking to vary the licence what does the variation consist of:						
18. If this application relates to a vehicle/vessel/stall give description and state where it is to be used as a sex establishment:						
19. State hours and days that you wish to trade:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	From	From	From	From	From	From
To	To	To	To	To	To	To
20. Give the date and name of the newspaper in which the public notice of this application is to be made:						
21. Are you (or, if a corporate or unincorporated body, that body) disqualified from holding a licence for a sex establishment?	YES*					
22. Have you ever been refused a licence for a sex establishment?	YES*					

23. Have you been the holder of a sex establishment licence when that licence has been revoked?	YES*
24. If Yes to any of the above, provide details:	

Part 6 – Declaration and Checklist (please tick)

25. I confirm that, to the best of my knowledge, the information contained in this application is true.	<input type="checkbox"/>
26. The appropriate fee has been paid	<input type="checkbox"/>
27. A plan (see note 1) of the premises to be licensed is enclosed.	<input type="checkbox"/>
28. I enclose evidence of identity containing a photograph in respect of each individual applicant/partner/director, as applicable (for example a certified copy of passport or driving licence).	<input type="checkbox"/>
29. I confirm that a copy of this application will be sent to the Chief Officer of Police at Devon & Cornwall Constabulary, Licensing Section, Devon & Cornwall Police HQ, Middlemoor, Exeter EX2 7HQ.	<input type="checkbox"/>
30. I confirm that the notice of this application in the form prescribed by Mid Devon District Council will be published in a local newspaper circulating in Mid Devon not later than seven days after the date of this application and that such notice will be displayed for the period of twenty-one days beginning with the date of this application on or near the premises and in a place where the notice can be conveniently be read by the public.	<input type="checkbox"/>
31. I confirm that we understand that if any of the information given above is false in any material respect, I may be guilty of an offence, liable on conviction to a fine not exceeding level 5 on the standard scale.	<input type="checkbox"/>

Part 7 – Signature(s)

32. 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:	
Print Name:	
Capacity:	
Date:	
33. For joint applications, signature of 2 nd applicant, or 2 nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:	
Signature:	
Print Name:	
Capacity:	
Date:	
<i>[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 22 and 23 above.]</i>	
<i>[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]</i>	

*Delete or select as necessary.

NOTES

1) The plan shall show: -

- a) the extent of the boundary of the building, if relevant, and any external and internal walls of the building and, if different, the perimeter of the premises;
- b) the location of points of access to and egress from the premises;
- c) the location of escape routes from the premises;
- d) in a case where the premises is to be used for more than one licensable activity, the area within the premises used for each activity;
- e) fixed structures (including furniture) or similar objects temporarily in a fixed location (but not furniture) which may impact on the ability of individuals on the premises to use exits or escape routes without impediment;
- f) in a case where the premises includes a stage or raised area, the location and height of each stage or area relative to the floor;
- g) in a case where the premises includes any steps, stairs, elevators or lifts, the location of the steps, stairs, elevators or lifts;
- h) in the case where the premises includes any room or rooms containing public conveniences, the location of the room or rooms;
- i) the location and type of any fire safety and any other safety equipment including, if applicable, marine safety equipment; and
- j) the location of a kitchen, if any, on the premises.
- k) The plan may include a legend through which the matters mentioned or referred to above are sufficiently illustrated by the use of symbols on the plan.