APPENDIX 8

APPLICATION FOR GRANT / RENEWAL / TRANSFER / VARIATION OF SEX ESTABLISHMENT LICENCE

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982 (PART II AND SCHEDULE 3, AS AMENDED BY THE POLICING AND CRIME ACT 2009)

1. If application is made on behalf of an individual please state: -

Full Name	
Permanent Address	
Age, Date of Birth and Place of Birth	
Please provide address and telephone number for correspondence respect of this application if different from above.	in

2. If application is made on behalf of a corporate or unincorporated body please state: -

Full Name of Body

Address of Registered or Principle Office

3. Give full names and private addresses of all directors or other persons responsible for management of the establishment: -

Name	Age, Date of Birth and Place of Birth	Private Address

4. Have you any convictions recorded against you? Or if body corporate or unincorporated body that body or any of its directors or other persons responsible for its management? If so please state: -

Name	Offence	Date of Conviction	Sentence

N.B. All convictions must be disclosed. Spent convictions, as defined below, should not be included.

Sentence		Becomes spent
Imprisonme	ent of between 6 months and 2½ years	10 years
Imprisonment of up to 6 months:		7 years
Borstal trai	ning	7 years
A fine or ot this table	her sentence not otherwise covered in	5 years
	scharge	6 months
Absolute discharge Probation order, conditional discharge or bind over		1 year (or until order expires, whichever is the longer)
Detention c	entre order	3 years
Remand ho school orde	me, attendance centre or approved r	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, with disgrad	10 years	
	rom armed forces	7 years
Detention		5 years
NOTE : (i)	 (i) A sentence of more than 2¹/₂ years' imprisonment can never become spent. 	
(ii) If you were under 17 years of age on the date of conviction, please halve the period shown in the right hand column.		

- Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application? YES / NO
- 6. If the application is made on behalf of a body corporate is that body incorporated in the United Kingdom?

YES / NO

7. Full address of premises desired to be used as a sex establishment together with the proposed "licensed" name for the business.

Licensed Name:

Full address:

8. If this application relates to a vehicle / vessel / stall give description and state where it is to be used as a sex establishment.

9. During which hours do you wish to trade?

10. On which days do you wish to trade?

11.	Are the premises to be used as a sex shop?	YES / NO
12.	Are the premises to be used as a sex cinema?	YES / NO
13.	Are the premises to be used as a sexual entertainment venue?	YES / NO
14.	Are you (or, if a body corporate or unincorporated body, that body) disqualified from holding a licence for a sex establishment?	
		YES / NO
15.	Have you ever been refused a licence for a sex establishme	ent?

YES / NO

If yes please give details: -

16. For a variation application please provide details of the variation in the box below. (Continuation sheets are acceptable.)

17. Have you included a Manager Nomination Form, if required?

YES / NO

Application Check List

Please tick yes

•	I have made or enclosed payment of the fee	
•	I have enclosed the plan showing the interior layout of the premises	
•	For Sexual Entertainment Venue applications only – the area where relevant entertainment will take place has been outlined on the plan	
•	I have enclosed a scheme showing the exterior design of the premises that ensures that the interior of the premises is not visible to passers-by	
•	I have enclosed the Manager Nomination form, if applicable	
•	I have enclosed a copy of our House Rules in accordance with Section 7.6 of the Council's Sex Establishment Licensing Policy, if applicable	
•	I have sent a copy of this application and the plans to the Police	
•	I understand that I must now advertise my application and supply a copy of the Public Notice to the Licensing Authority	
•	I understand that if I do not comply with the above requirements my application will be rejected	

DECLARATION

I understand that there may be an additional form to complete if more information is needed as a result of standard conditions that were made by previous district / borough councils that remain in force.

Data Protection Act 1998

I am aware that this information is required for the processing of applications and that information provided on the application forms will be shared with the relevant consultees, including the Police, Cornwall Council Members, Members of the Council's Licensing Committee and other organisations as the law allows (these other organisations include government departments and local authorities, for the purposes of preventing or detecting crime or to protect public funds). Information will be held both manually and electronically and will not be kept for longer than is necessary.

I declare that I have checked the information given on this application form, and any additional application form relating to the previous paragraph, and to the best of my knowledge and belief it is correct. I understand that, if I make a false statement which I know to be false in any material respect of which I do not believe to be true, I shall be guilty of an offence the penalty for which on summary conviction is a fine not exceeding £1000.

I understand that I must copy this application to the Police and give notice in a local newspaper of the application within 7 days of making the application. I also understand that I must also give notice of the application on or near the premises intended to be used as a sex establishment for 21 days starting the on the day that application was made. I understand that the notices must be in the form prescribed by the Council.

Signature	Print Name	Date