

**Application for grant of a Sex Establishment Licence pursuant to
Schedule 3, Local Government (Miscellaneous Provisions) Act 1982**

This form should be completed and forwarded to the Manchester City Council Premises Licensing Team at the above address with the required fee. Cheques, etc. should be made payable to the Manchester City Council. Payment may also be made by credit or debit card upon request.

Important Notes

- 1. 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.**
- 2. Any person who, in connection with an application for a grant, renewal 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.**

Part 1 – The Applicant

I/We _____

*(Insert name(s) of applicant)***apply for a Sex Establishment Licence as described below.****1. This application is for a:**Sex Shop Sex Cinema Sexual Entertainment Venue

2. Please state whether you are applying for a licence as:

- a) an individual please complete section (A)
- b) a company or other corporate body please complete section (B)
- c) a partnership or other unincorporated body please complete section (C)

(A) INDIVIDUAL APPLICANT (fill in as applicable)

You must complete and submit the form at Annex A for the individual named in this section

		Annex A completed?
Full Name of Applicant		<input type="checkbox"/>

Former name (if applicable) ¹	
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¹ If the Applicant has been formerly known by a different name, please provide details

(B) A COMPANY OR OTHER CORPORATE BODY

You must complete and submit the form at Annex A for all individuals named in this section

Applicant Name ¹	
Address	
Registered number ²	
Telephone number	
E-mail address	
Previous Name (if applicable) ³	

¹ If your business is registered, use its registered name

² If business is not registered, put "none"

³ If the Applicant has been formerly known by a different name, please provide details

Please state the names of:
 (i) the Applicant's Directors;
 (ii) Company Secretary;
 (iii) any other persons responsible for the management of the Applicant; and
 (iv) any persons with a shareholding of greater than 10% in the Applicant

<u>Position</u>	<u>Name of Individual</u>	Annex A completed?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Is the applicant a wholly owned subsidiary of another company or corporate body? If so state the name, place of registration and identity of its Directors and Company Secretary

Name		
Place of registration		
Names of Directors and Company Secretary		
<u>Position</u>	<u>Name of Individual</u>	Annex A completed?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

(C) A PARTNERSHIP OR OTHER UNINCORPORATED BODY

You must complete and submit the form at Annex A for all individuals named in this section

Applicant Name	
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Names of Partners	Annex A completed?
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Please state the names of than other persons responsible for the management of the Applicant other than the partners.		
<u>Position</u>	<u>Name of Individual</u>	Annex A completed?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Questions 3-6 to be completed in all cases

3	Does the applicant have a different trading name from that given above in (A), (B) or (C)? If yes, please provide details.

4	What is the Applicant's trading address?

5	Will the business be carried on for the benefit of a person other than the applicant? If yes, please provide full details.

6	Does the applicant operate any other sex establishment? If yes, please provide full details.

End of Part 1

Part 2 – The Premises, Vehicle, Vessel or Stall

7	Is the application in respect of a:	Mark as appropriate
	Premises	<input type="checkbox"/>
	Vehicle	<input type="checkbox"/>
	Vessel	<input type="checkbox"/>
	Stall	<input type="checkbox"/>

Answer Q8 only where the application is for a premises

8a	Postal address of premises		
	Post town		Post code
	Telephone number		
8b	Is the whole of the premises to be used as a sex establishment?		Mark as appropriate
	Yes (If 'Yes' move on to Q10)		<input type="checkbox"/>
	No		<input type="checkbox"/>
8c	If "No", state:		
	(i) the use of the remainder of the premises; (ii) the names of those who are responsible for managing the remainder of the premises.		

Answer Q9 only where the application is for a vehicle, vessel or stall

9	Where is it proposed to use the vehicle vessel or store?
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10a	State the nature of the Applicant's interest in the premises, vehicle, vessel or stall, e.g. owner, lessee, sub-lessee.
10b	<p>If the applicant is a lessee or a sub-lessee, state:</p> <p>(i) the name and address of the landlord;</p> <p>(ii) the name/address of the superior landlord (if any);</p> <p>(iii) the amount of annual rental;</p> <p>(iv) the length of the unexpired term;</p> <p>(v) the length of notice required to terminate the tenancy.</p>

11a	State the current use of the premises	
11b	Is there planning permission for the use of the premises, vehicle, vessel or stall as a sex establishment?	Mark as appropriate
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
11c	If "Yes", state the date of the planning permission	
11d	If "No", state whether and why the use as a sex establishment is lawful, e.g. because there is a certificate of lawful use, giving full details	

12a	Are the premises, vehicle, vessel or stall licensed under any other Act, e.g. the Licensing Act 2003?	Mark as appropriate
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
12b	If "Yes", please provide full details including the name of any Designated Premises Supervisor	

13a	Does the Applicant intend to obtain a licence under any other Act or to apply to vary any existing licence under any other Act?	Mark as appropriate
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
13b	Does the applicant intend to operate the sex establishment in conjunction with any other licence?	Mark as appropriate
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If "Yes" to (a) or (b), please provide full details		

14a	Is customer access to the premises, vehicle, vessel or stall:	Mark as appropriate
	Directly from the street or a public thoroughfare?	<input type="checkbox"/>
	From other premises?	<input type="checkbox"/>
If from other premises, provide full details		
14b	Is customer access from the street to be supervised at all times the premises are open to the public?	Mark as appropriate
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If "No" give details of proposed door control and supervision		
14c	Are all door supervisors to be licensed with the Security Industry Authority?	Mark as appropriate
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

15	Are the premises, vehicle or stall 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?	Mark as appropriate
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	If “No” state the Applicant’s proposals for affording such access	

16a	Are the premises, vehicle, vessel or stall being operated as a sex establishment at the date of this application?	Mark as appropriate
	Yes (answer 16b)	<input type="checkbox"/>
	No (answer 16c)	<input type="checkbox"/>
16b	If “Yes” to 16a, please state the name and address of the person or body now operating the business.	
16c	If “No” to 16a, are you preparing to operate the premises, vehicle, vessel or stall as a sex establishment?	Mark as appropriate
	Yes (answer 16d)	<input type="checkbox"/>
	No	<input type="checkbox"/>
16d	If “Yes” to 16c, what type of sex establishment are you preparing to operate?	

End of Part 2

Part 3 – Operation of the Business

17	Under what name will the Business be known?										
18	Has the Applicant entered into any agreement (whether written or oral) in connection with the business, other than a tenancy agreement or lease, for example, a management agreement, partnership agreement or profit share agreement? If so, provide full details together with a copy of any such agreement.										
19	Is the business required to purchase merchandise from a particular person or body? If so, provide full details.										
20	Set out the Applicant's system for checking the age and right to work in the UK for all employees.										
21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">State the identity of the person who will be responsible for the day to day management of the business at the premises, vehicle, vessel or stall ('the Manager')</td> <td style="width: 30%; text-align: center; vertical-align: middle;">Annex A completed?</td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	State the identity of the person who will be responsible for the day to day management of the business at the premises, vehicle, vessel or stall ('the Manager')	Annex A completed?		<input type="checkbox"/>						
State the identity of the person who will be responsible for the day to day management of the business at the premises, vehicle, vessel or stall ('the Manager')	Annex A completed?										
	<input type="checkbox"/>										
22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Confirm that the Manager will be based at the premises, vehicle, vessel or stall and that management of the business there will be his/her sole occupation</td> <td style="width: 30%; text-align: center; vertical-align: middle;">Mark as appropriate</td> </tr> <tr> <td style="padding: 5px;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 5px;">If "No", provide details</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	Confirm that the Manager will be based at the premises, vehicle, vessel or stall and that management of the business there will be his/her sole occupation	Mark as appropriate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If "No", provide details			
Confirm that the Manager will be based at the premises, vehicle, vessel or stall and that management of the business there will be his/her sole occupation	Mark as appropriate										
Yes	<input type="checkbox"/>										
No	<input type="checkbox"/>										
If "No", provide details											

23	Which person(s) will be responsible for the day to day management of the business in the absence of the Manager ('the Relief Manager(s'))	Annex A completed?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

24	Please detail the times during which it is proposed to open the business		
		Start	Finish
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		
	Non-standard timings or specified days:		

25	What means are to be taken to prevent the interior of the premises being visible to passers-by?
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26a	State proposals in respect of exterior signage and advertising, including the nature, content and size of such signage and any images to be used. <i>Please note: a plan of the exterior showing such signage and advertising is required to be submitted with this application</i>
26b	What if any window displays are to be exhibited? Please indicate the size and nature of any display

27	State any proposals for solicitation of business in public areas, e.g. through fliers, business cards, billboard advertising, personal solicitation or advertising on motor vehicles.
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28	<p>State what age restrictions are to be applied in respect of admissions, and how are these to be enforced.</p> <p><i>In answering, state what forms of identity will be accepted and whether it is proposed to use electronic identification systems. For sex shops, provide full details of arrangements for preventing proxy sales.</i></p>
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29	<p>State the arrangements for CCTV and for retention of recordings.</p> <p><i>In answering, state whether all public areas are to be covered by CCTV at all times the business is open and whether the feed from all cameras will be recorded.</i></p>
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Only answer Q30 where application is for a Sexual Entertainment Venue

30a	Is the proposal for full nudity?	Mark as appropriate
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
30b	Give details of the nature of the entertainment, e.g. lap-dancing, pole dancing, stage striptease	
30c	State what if any separation between performers and audience is proposed, e.g. performers on stage, 1 metre, no contact or full contact	

30d	State whether arrangements are proposed for private booths or areas. If so, provide full details, including supervision for such areas
30e	Set out the system for training all staff in the Code of Practice for performers, and for monitoring and enforcing compliance. <i>Please note: the Code of Practice must be attached to this form.</i>
30f	Set out the system for notifying customers of the Rules for Customers, and for monitoring and enforcing compliance. <i>Please note: the Rules for Customers must be attached to this form.</i>
30g	Set out the system for monitoring compliance with the venue's Policy for Welfare of Performers. <i>Please note, the Policy for Welfare of Performers must be attached to this form</i>

31	Set out any further information that you wish the authority to take into account. <i>Include here any proposed conditions (you may attach a schedule of such conditions) or any reason relied upon to provide an exception to the authority's Sex Establishment Licensing Policy.</i>
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32	Is there any information on this form that you do not wish to be seen by members of the public? <i>If so, state which information and the reasons why you do not wish it to be seen.</i>
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Checklist	Mark as appropriate
I have completed all relevant section of Parts 1, 2, and 3 of the application	<input type="checkbox"/>
I have completed Annex A for each person whose details have been included in this application.	<input type="checkbox"/>
I have completed Annex B	<input type="checkbox"/>
I have enclosed the relevant fee	<input type="checkbox"/>

Declaration & Signature

The following declaration must be signed in all cases

Should the information provided in relation to this application form cease to be correct, or if there are any changes in the information provided in the application form between the date the application is submitted and the date it is determined, the Applicant must advise the licensing authority immediately. Failure to do so may result in any licence issued being revoked.

I/We certify to the best of our/my knowledge and belief that the information given in this application is complete and correct in every respect. I/We agree to notify the Licensing Authority should any of the information given in this application change.

Name	
Position in organisation	
Date	
Signature	

Contact Details

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
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)			

ANNEX A: INFORMATION ON INDIVIDUALS

Name			
Former name (if applicable)			
<i>If you have ever been known by a different name, please provide details above</i>			

Position in relation to Applicant (e.g. Director, Partner, Manager)			
Date of birth			
Age			
Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>
Permanent residential address			
If resident at the above address for less than three years, state previous address(es)			
Previous residential addresses and dates at which you were resident at them			

Have you been resident in the United Kingdom for more than six months prior to the date of the application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been disqualified from holding a sex establishment licence under Schedule 3 paragraph 17 of the Local Government (Miscellaneous Provisions) Act 1982?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever been involved in the management of a business which has had any of the following types of licence refused, refused on renewal, reviewed or revoked?		
Sex establishment licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence for the supply of alcohol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence for the provision of entertainment, whether sexual or otherwise	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal licence under the Licensing Act 2003	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever been convicted of a criminal offence, whether in the United Kingdom or elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To your knowledge are you currently the subject of any criminal investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any civil legal action taken against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been served with a winding up order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been disqualified from acting as a company director?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any other information which you believe the licensing authority would reasonably expect notice of or you would like the licensing authority to take into account when considering the information you have supplied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is there any information in this Annex which you do not wish to be seen by members of the public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you have answered 'yes' to any of the above questions please provide full details below.

Declaration			
I declare that the information on this form and true and complete to the best of my knowledge and belief			
Signature		Date	

ANNEX B

DOCUMENTS SUPPLIED WITH THIS APPLICATION:

A site scale plan (1:1250)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Drawings showing the front elevation as existing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Drawings showing the front elevation as proposed including signage, advertising and window display.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Scale layout plan of premises Note, the requirements of the layout plan are set out below	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Planning Permission	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Certificate of lawful use or development	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the Applicant is a company, copies of Memorandum and Articles of Association of the Company	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the Applicant is a partnership, a certified copy of the Partnership Deed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A copy of any other licences for the premises, vehicle, vessel or stall	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Code of Practice for Performers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rules for Customers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Policy for Welfare of Performers.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

REQUIREMENTS FOR LAYOUT PLAN:

The layout 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 area in the premises, e.g. performance areas, reception.
5. Structures or objects (including furniture) which may impact on the ability of individuals to use exits or escape routes 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. Where the premises includes any steps, stairs, elevators or lifts, the location of the same.
11. The location of any public conveniences, including disabled WCs.
12. The position of any ramps, lifts or other facilities for the benefit of disabled people.
13. Any level changes at the entrance to or within public parts of the premises which may be inaccessible to disabled people.
14. The location and type of any fire safety and any other safety equipment.
15. The location of any kitchen on the premises.
16. The location of emergency exits.

DOCUMENTS EVIDENCING PUBLIC NOTICE AND SERVICE:

Complete copy of newspaper circulating in this area of the authority, containing advertisement of this application to be provided upon publication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of notice of application displayed on or near the premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of affidavit or statutory declaration that notice has been displayed as required by Schedule 3 paragraph 10(10) Local Government (Miscellaneous Provisions) Act 1982.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of service of this application form and all enclosures upon <i>City Safe Licensing Unit at Bootle Street Police Station, Bootle Street, Manchester, M2 5GU</i> within 7 days after the date of this application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

When the application is made electronically, including all enclosures, the licensing authority will serve the Chief Officer of Police.

SEX ESTABLISHMENT LICENCE APPLICATION

Notice of application for grant of a sex establishment licence pursuant to Schedule 3 Local Government Miscellaneous Provisions Act 1982.

Activity of Premises:	SEXUAL ENTERTAINMENT VENUE
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Date of Application:	
Name of Applicant:	
Name of Premises:	
Address of Premises:	
Proposed Days and Hours of Operation:	

Any person wishing to make objections to the application must do so in writing to the Council Offices at:

**The Licensing Unit (Premises), Manchester City Council,
PO Box 271, Manchester, M18 8YU**

or by email to: premises.licensing@manchester.gov.uk

Any objection must be received by the Council no later than [insert date 28 days after the date of application], stating the grounds of the objection.

The identity of any objector will not be disclosed to the licence applicant without prior consent.

The application is available for inspection at the above office by appointment. For further details visit www.manchester.gov.uk or telephone 0161 234 4512.

Note (do not include this in published notice for display): This notice must be printed on Pink A3 paper in Black 20 point Arial Font, and must be displayed continuously on, or near the premises to be licensed, where it can be read by the public outside the building, for a period of 21 (twenty one) days from the date of the application.

REGULATORY AND ENFORCEMENT SERVICES

LICENSING UNIT

APPLICATION FOR LICENCE FOR A SEX ESTABLISHMENT

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

PART II, SCHEDULE 3

Notice is hereby given that I / We (full names):

applied on (date):

to **Manchester City Council** in respect of the premises known as:

Name:

Address (including postcode):

under the provisions of the Local Government (Miscellaneous Provisions) Act 1982, Part II, Schedule 3, for a Licence to use the premises as a Sexual Entertainment Venue.

A. I certify that a copy of the required notice was displayed on the premises to be licensed (or nearby), where it could be read by the public from the outside of the building for a period of 21 (twenty one) days from:

Date:

to:

B. I attach a copy of the statutory notice published in:

_____ on: _____

Signature of Applicant:

Date:

Note: This form must be completed, signed and returned to:

**Manchester City Council, Licensing Unit (Premises),
PO Box 271, Manchester M18 8YU**