

**Application for Grant/Renewal/Transfer/Variation of  
Licence for a Sex Establishment**

**1. APPLICANT DETAILS**

Surname			
Forenames			
Maiden Name (If applicable)			
Address			
Daytime Tel		Evening Tel:	
Mobile Tel		Nat. Insurance Number	
Date of Birth		Place of Birth	
Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?			<b>YES/NO</b>

**2. OPERATING COMPANY DETAILS**

Managing Director			
Company Name			
Address <i>(from which you will be operating)</i>			
Company Telephone No		Company Fax No	
Head/Registered Office Address			
Company Telephone No		Company Fax No	
VAT Registration No		Company Registration No	
Hours/days of trading	<b>Day</b>	<b>Open</b>	<b>Close</b>
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		

Give full names and private addresses of all directors, partners or other persons responsible for management of the establishment:

**DETAILS OF PERSON 1**

Surname			
Forenames			
Maiden Name (If applicable)			
Address			
Daytime Tel		Evening Tel:	
Mobile Tel		Nat. Insurance Number	
Date of Birth		Place of Birth	
Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?			<b>YES/NO</b>

**DETAILS OF PERSON 2**

Surname			
Forenames			
Maiden Name (If applicable)			
Address			
Daytime Tel		Evening Tel:	
Mobile Tel		Nat. Insurance Number	
Date of Birth		Place of Birth	
Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?			<b>YES/NO</b>

**DETAILS OF PERSON 3**

Surname			
Forenames			
Maiden Name (If applicable)			
Address			
Daytime Tel		Evening Tel:	
Mobile Tel		Nat. Insurance Number	
Date of Birth		Place of Birth	
Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?			<b>YES/NO</b>

### 3. OFFENCES & CONVICTIONS

Have you or any partners/directors in the company been convicted of **ANY** offence which is not regarded as being "SPENT" under the terms of the Rehabilitation of Offenders Act 1974? YES/NO\*

If YES, please give details of the relevant conviction(s) in the table below:-

Person No. (from above)	Which Court	Date of Conviction	Offence Charged	Sentence of Court

- (a) All convictions must be disclosed.  
 (b) Spent convictions, as defined below, should not be included.

#### 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 the Order expires

Cashiering, Discharge with Ignominy or Dismissal with Disgrace from the Armed Forces

10 years

Dismissal from the Armed Forces

7 years

Detention

5 years

#### NOTE:

- (i) A sentence of more than 2½ years' imprisonment can never become spent.  
 (ii) If you were under 17 years of age on the date of conviction, please halva the period shown on the right-hand column

4. Are the premises to be used as a sex shop? **YES/NO**

5. Are you (or, if a corporate body, that body) disqualified from Holding a licence for a sex establishment **YES/NO**

6. Have you ever been refused a licence for a sex establishment? **YES/NO**  
If yes, please give details:

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7. Do you have any other information you wish to provide in support of your application?

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*(Continue on a separate sheet if necessary)*

8. I declare that I have checked the information given on this application form and to the best of my knowledge and belief, it is correct.

Date .....

Signed .....

**Official Use Only**

Date sent to Applicant: .....  
Date received back from Applicant: .....  
Date sent to Departments/Organisations: .....  
Date received back from Planning: .....  
Date received back from Environmental Services: .....  
Date received back from the Police: .....