

BOROUGH OF TORBAY

APPLICATION FOR THE GRANT, RENEWAL OR TRANSFER OF A LICENCE FOR A SEX ESTABLISHMENT

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1. IF THE APPLICATION IS BY AN INDIVIDUAL, PLEASE STATE:

FULL NAME

PERMANENT ADDRESS

CONTACT TELEPHONE NUMBER

AGE

DATE OF BIRTH

PLACE OF BIRTH

2. IF THE APPLICATION IS MADE ON BEHALF OF A CORPORATE OR UNINCORPORATED BODY, PLEASE STATE:

FULL NAME OF BODY

ADDRESS OF REGISTERED OR PRINCIPAL OFFICE

CONTACT TELEPHONE NUMBER

3. GIVE FULL NAME AND PRIVATE ADDRESSES OF ALL DIRECTORS OR OTHER PERSONS RESPONSIBLE FOR MANAGEMENT OF THE ESTABLISHMENT:

NAME

AGE

DATE OF BIRTH

PLACE OF BIRTH

ADDRESS

NAME

AGE

DATE OF BIRTH

PLACE OF BIRTH

ADDRESS

NAME

AGE

DATE OF BIRTH

PLACE OF BIRTH

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NAME

AGE

DATE OF BIRTH

PLACE OF BIRTH

ADDRESS

NAME

AGE

DATE OF BIRTH

PLACE OF BIRTH

ADDRESS

4. HAVE YOU, THE COMPANY ON BEHALF OF WHICH THE APPLICATION IS MADE, ANY DIRECTOR THEREOF OR ANY OTHER PERSON INVOLVED IN THE MANAGEMENT OF THE PREMISES HAD ANY CONVICTIONS RECORDED? IF SO, PLEASE STATE:

DATE OF CONVICTION

OFFENCE

SENTENCE (INCLUDING SUSPENDED SENTENCE)

All convictions must be disclosed. Your attention is drawn to the requirements of the Rehabilitation of Offenders Act 1974.

5. 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.

8. DURING WHICH HOURS DO YOU WISH TO TRADE?

9. ON WHICH DAYS DO YOU WISH TO TRADE?

10a. ARE THE PREMISES TO BE USED AS A SEX SHOP?

YES/NO

10b. ARE THE PREMISES TO BE USED AS A SEX CINEMA?

YES/NO

10c. ARE THE PREMISES TO BE USED AS A SEX ENCOUNTER ESTABLISHMENT?

YES/NO

11. ARE YOU, OR ANY OTHER BODY OR PERSON INVOLVED IN THIS APPLICATION, DISQUALIFIED FROM HOLDING A LICENCE FOR A SEX ESTABLISHMENT?

YES/NO

12. HAVE YOU EVER BEEN REFUSED A LICENCE FOR A SEX ESTABLISHMENT?

YES/NO

IF YES, PLEASE GIVE DETAILS:

I DECLARE THAT I HAVE CHECKED THE INFORMATION ON THIS APPLICATION FORM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS CORRECT.

DATE _____

SIGNATURE _____

Information held by Torbay Council complies and is stored in accordance with the UK Data Protection Act, 1998. The information you provide on this form will be used to process the application and may be disclosed to any interested party under the application requirements of Schedule 3 Local Government (Miscellaneous Provisions) Act 1982. If you wish to access your personal information or exercise any of your rights under the legislation then please contact the Information Governance Team on 01803 207466.

If you have difficulty in completing this form in English, then help will be offered. Please ring on 01803 208126 or email Licensing@torbay.go.uk.