

HAMMERSMITH AND FULHAM COUNCIL

SCHEDULE 3 OF THE LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS)
ACT 1982

Application for a Licence to use any Premises, Vehicle, Vessel or Stall as a Sexual Entertainment Venue

All questions must be answered, unless otherwise stated. If relevant questions are not answered, the application will be deemed incomplete and will be returned to the applicant.

Please delete as appropriate.

Section 1

Application details:

Is this licence for the: Grant / Renewal / Transfer

Is the application made by: An individual
 A partnership or other unincorporated body
 A company or other corporate body

Section 2

(Answer only if the applicant is an individual)

What is the full name of the individual?.....

Permanent Residential Address

.....

.....

Any former names

Date of Birth Place of Birth.....

Date Became Resident in the UK.....or E.U Member State

National Insurance Number or E.U Member State Equivalent.
.....

Daytime Telephone Number

Email address

Name and address to which correspondence should be sent (if different from above)

.....
.....
.....

Has the applicant a financial interest in the business which is the subject of this application? Yes / No

If "yes" to what extent

Is the whole business owned by the applicant? Yes / No

Section 3

(Answer only if the Applicant is an unincorporated body or a partnership)

What is the full name of the Applicant?

.....

What are the names of the applicant's partners? Please complete the table below:

| Full Name (inc title Mr/ Mrs/ Miss/ Other) | Date of Birth | Address of permanent residence throughout the six months preceding this application | Date became UK resident or other EU member state |
|--|---------------|---|--|
| | | | |

Are there persons responsible for the management of the Applicant other than the partners? If so please state their names in the table below:

| | Full name |
|--------------|-----------|
| Person One | |
| Person Two | |
| Person Three | |
| Person Four | |

Please confirm if the whole of the business is owned by the applicant?

Yes

No

Section 4

Answer only where the applicant is a company or other corporate body

What is the name of the Applicant?

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Has the Applicant previously been known by any other name and if so what name?

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If the Applicant is a company, what type of company is it (e.g., public or private, limited by share or guarantee, etc.)?

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What is the registered number of the Applicant ?

.....

What is the registered office address?

.....

.....

In which country is the company incorporated?

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What is the date of incorporation of the company?

.....

Please complete the table in respect of each of the Directors, the Company Secretary or other persons responsible for the management of the body.

| Full Name (inc title Mr/ Mrs/ Miss/ Other) | Date of Birth | Address of permanent residence throughout the six months preceding this application | Date became UK resident or other EU member state |
|--|---------------|---|--|
| | | | |

Does the Applicant use any other trading names? If so, please state the trading name(s).

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What is the Applicant's trading address?

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Section 5

All Applicants

Please give details of the person (if any) who is to be responsible for the management of the premises in the absence of the licence holder:

First Name.....

Surname.....

Former Name (if any)

National Insurance Number or E.U Member State Equivalent

.....

Permanent Address:

.....

.....

.....

Date of Birth: Place of Birth.....

Has any person named at any place in this application been associated in any way with any other application for a licence for a sex establishment?

Yes

No

If "yes" give full details.....

Section 6

Premises details:

Is this application in respect of: Premises / Vehicle / Vessel / Stall

Is the premises, vehicle, vessel or stall in use for sexual entertainment at the date of this application? Yes / No

If the answer is yes, state the name and address of the person or body currently operating the business :

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.....

What is full address of the premises for which a licence is sought?

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If the application is in respect of a vehicle, vessel or stall, please state where it is to be used as a sexual entertainment venue :

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.....

.....

Under what name is, or will the premises be known ?

.....

Is the whole of the premises to be used under the licence? Yes / No

If no, please state:

a) which part of the premises is to be used for the purposes of the licence

.....

b) the use to which the remainder of the premises are to be put

.....

c) the names of those responsible for the management of the remainder of the premises

.....

If the Applicant's interest in the premises is a leasehold one, please state:

a) Head-lease / Sub-lease

b) the name and address of the landlord and of the superior landlord where applicable

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.....
.....

c) the length of the unexpired term

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Section 7

Proposed operation times and activities

Give the times it is proposed to operate the Premises for the purpose of this Licence;

| Day | Start | Finish | <u>State any seasonal variations or non standard timings where you intend to use the Premises, which are different to those listed in the column on the left.</u> |
|-----------|-------|--------|---|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

Please give full details of the nature of the relevant entertainment e.g. lap-dancing, pole-dancing, stage strip show etc :

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.....

Please confirm if the relevant entertainment involves full nudity ?

Yes / No

Section 8

If the application is for the Transfer of a Premises Licence

Name of current Premises Licence Holder

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Please give the reason/s for the transfer application

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Section 9

Has the Applicant or any persons named in this form been convicted of a criminal offence whether in the UK or elsewhere?

Yes / No

If so, please give details of unspent convictions below:

| Forenames | Surname | Former Name (if any) | Court | Date | Offence | Penalty or Sentence |
|-----------|---------|-------------------------|-------|------|---------|------------------------|
| | | | | | | |

Has the Applicant or any persons named in this form been cautioned whether in the UK or elsewhere ?

Yes / No

If so, please give details below :

| Forenames | Surname | Former Name (if any) | Offence | Date of Caution | Where caution administered |
|-----------|---------|-------------------------|---------|--------------------|-------------------------------|
| | | | | | |

Has any person or the corporate or unincorporated body referred to in this application: -

Been disqualified from holding a licence for a sex establishment?

Yes / No

Been refused the grant / renewal / transfer of a licence for a sex establishment?

Yes / No

Been the holder of a sex establishment licence when that licence has been revoked?

Yes / No

Been associated in any way with any other application for a sex establishment licence?

Yes / No

If 'Yes' to any of the above please provide further details:

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Is there any information in this application which you would **not** wish to be seen by members of the public?

Yes / No

If yes, state which information and the reasons why you would **not** wish it to be seen

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Is there any further information which the Applicant would wish the Council to take into account when considering this application?

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Please read the checklist below to confirm you have enclosed all of the required information/documents;

- I have made or enclosed payment of the fee
- I have enclosed a plan showing the interior layout of the premises and where relevant entertainment will take place for consideration by the Licensing Authority
- I have enclosed a copy of the “club rules”. Such club rules must contain the required conduct of performers which shall include for example, no sex acts, no giving or taking phone numbers (including exchange of business cards).
- I have enclosed a scheme showing the exterior design for consideration by the Licensing Authority
- I understand and agree that I must send a copy of my completed application to the Chief Officer of Police no later than seven days after the date of the application. I also understand that I must produce evidence of due service of the Notice of Application upon the Chief Officer of Police as required by paragraph 10(14) of the Third Schedule of the Local Government (Miscellaneous Provisions) Act 1982.
- I understand that I must now advertise my application on or near the Premises for 21 days starting with the date of the application.
- I understand that I must advertise the application in a local newspaper within seven days after the date of the application and that a copy of the notice of application which has been published must be given to the Licensing Authority in accordance with paragraph 10 (8) of the Third Schedule of the Local Government (Miscellaneous Provisions) Act 1982.

DECLARATION: I declare that the details in this application are true to the best of my knowledge and belief and acknowledge that if there are any omissions or incorrect statements of a serious nature this may result in the application being refused. I further declare that I have read and agree to abide by the conditions of Licence for a Sexual Entertainment Venue made by Hammersmith and Fulham Council in accordance with Section 2 Schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982 should my application be granted.

APPLICANTS ARE INFORMED THAT ANY PERSON WHO, IN CONNECTION WITH AN APPLICATION FOR THE GRANT, RENEWAL OR TRANSFER OF A LICENCE, MAKES A FALSE STATEMENT WHICH HE KNOWS TO BE FALSE IN ANY MATERIAL RESPECT OR 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.

Signature

.....

Name of Signatory

.....

Designation of Signatory

.....

Date

The Licensing Authority

Hammersmith & Fulham Council

FAO: Licensing Section

Town Hall, King Street, London, W6 9JU.

Phone: 020 8753 1084

E-mail: licensing@lbhf.gov.uk

Website: www.lbhf.gov.uk

The Chief of Police

Metropolitan Police,

FAO: The Police Licensing Officer

Shepherd's Bush Police Station,

252 - 258 Uxbridge Road, London, W12 7JB

Phone: 020 8246 2886

Fax: 020 8246 2963

E-mail: AWMailbox.Licensing@met.police.uk

NOTE:

1. Your application should be determined within 60 days of receipt of all the information necessary for the Council to process and determine the application. (Please note that this will be subject to any Licensing Committee hearings) In the case of an incomplete application form, the Licensing Section will contact you for additional information to enable the application to be processed. Please refer to the Council's policy for Sexual Entertainment Venues which can be viewed via the Council's website.

2. Tacit Consent will not apply as it is in the public interest that the authority must process your application before it can be granted. If you have not heard from the Council within a reasonable period of time, please contact us using the contact details below.

3. THE NOTICE INCLUDED IN THE APPLICATION PACK MUST BE PUBLISHED IN A LOCAL NEWSPAPER CIRCULATING WITHIN HAMMERSMITH AND FULHAM, NO LATER THAN 7 DAYS AFTER THE DATE OF YOUR APPLICATION.

4. THE SITE NOTICE INCLUDED IN THE APPLICATION PACK, OR ONE IN A SIMILAR FORM, MUST BE DISPLAYED CONTINUOUSLY, ON THE PREMISES TO BE LICENSED, FOR A PERIOD OF 21 DAYS BEGINNING WITH THE DATE OF YOUR APPLICATION ON OR NEAR THE PREMISES AND IN A PLACE WHERE THE NOTICE MAY CONVENIENTLY BE READ AT ALL TIMES BY THE PUBLIC PASSING BY.