



APPLICATION FOR A NEW SEXUAL ENTERTAINMENT VENUE LICENCE

IMPORTANT: This form is open to inspection by the public.

I / We
(Insert name(s) of applicant)

apply for a new Sexual Entertainment Venue licence under the Local Government (Miscellaneous Provisions) Act 1982

Important Note: Before completing this application, please read the following:

- LLB’s Statement of Licensing Policy for Sexual Entertainment Venues
- LBB’s Standard Conditions for Sexual Entertainment Venues
- LBB’s Rules of Procedure governing Sexual Entertainment Venue applications

PART 1 – Applicant Details

Please state whether you are applying for a Sexual Entertainment Venue licence as:

a) an individual or individuals complete section (A)

b) a person other than an individual:

i. as a body corporate complete section (B)

ii. as an unincorporated body complete section (B)

Section A – Individual Licensee Details

| | |
|---|--|
| First name(s): | |
| Surname: | |
| Former names (if any): | |
| Title: | |
| Home address: | |
| Postcode: | |
| Email address: | |
| Contact telephone number: | |
| Date of Birth: | |
| Have you been a resident of an EEA state throughout the period of 6 months immediately preceding the date the application was made? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Additional Licensee Details (if necessary)

| | |
|---|--|
| First name(s): | |
| Surname: | |
| Former names (if any): | |
| Title: | |
| Home address: | |
| Postcode: | |
| Email address: | |
| Contact telephone number: | |
| Date of Birth: | |
| Have you been a resident of an EEA state throughout the period of 6 months immediately preceding the date the application was made? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section B – Body Corporate or Unincorporated Body Details

| | |
|--|--|
| Business Name: (if your business is registered, use its registered name) | |
| Is your business registered in the UK with Companies House? | Yes <input type="checkbox"/> Registered Number: |
| | No <input type="checkbox"/> |
| Is your business registered in another EEA state: | Yes <input type="checkbox"/> EEA State: Registered Number: |
| | No <input type="checkbox"/> |
| Legal Status: (e.g. Company Partnership, etc) | |
| Home Country: (the country where the headquarters of your business is located) | |
| Registered Address: | |
| Postcode: | |
| | |
| Directors, Partners, Owners and Managers | |
| You must provide details of all DIRECTORS (if the applicant is a company), all PARTNERS (if it is a partnership), and all MANAGERS of the business or organisation, including day-to-day MANAGERS OF THE PREMISES. | |
| Are there any such people for whom you need to provide details? | Yes <input type="checkbox"/> (please complete below) No <input type="checkbox"/> |
| Full name: | |
| Private address: | |
| Capacity: | |
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| Full name: | |
| Private address: | |
| Capacity: | |
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| Full name: | |
| Private address: | |
| Capacity: | |
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| Full name: | |
| Private address: | |
| Capacity: | |
| | |
| Full name: | |
| Private address: | |
| Capacity: | |
| Please use a separate sheet if necessary | |

Other Business Interests

Is the applicant, or any person named in this application, involved in any way with any other sex establishment (e.g. sexual entertainment venue, sex shop, sex cinema, hostess bar)?

Yes (please complete below) No

Please provide details, including the name and address of the establishment and the nature and extent of the interest. (If necessary please provide a separate sheet).

PART 2 – Premises Details

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|--|--|
| Premises name: | |
| Premises address: | |
| Postcode: | |
| Premises telephone number: | |
| Email: | |
| Website address: | |
| Where the licence is for a vehicle, vessel or stall, state where it is to be used as a sexual entertainment venue: | |
| Describe the nature of the relevant entertainment (e.g. striptease, pole dancing, table dancing etc): | |
| Does the relevant entertainment involve: | <div style="display: flex; flex-direction: column; gap: 10px;"> <div>Full nudity <input type="checkbox"/></div> <div>Partial nudity <input type="checkbox"/></div> <div>No nudity (including implied nudity) <input type="checkbox"/></div> </div> |

Opening Hours

Please provide the proposed opening hours of the premises:

| Day: | Start: | Finish: |
|-----------|--------|---------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

PART 3 – Policy & Conditions

Please refer to the Council's Statement of Licensing Policy for Sexual Entertainment Venues.

State how your application will promote the following licensing objectives:

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|---|
| Prevention of crime and disorder: |
| |
| Public safety: |
| |
| Prevention of public nuisance: |
| |
| Protection of children from harm: |
| |
| Improvement in the character and function of the city, or areas of it: |
| |
| Please use a separate sheet if necessary |

If your application is in conflict with any of the policies listed in the Statement of Licensing Policy, state why you believe an exception should be made in your particular circumstances:

| Policy: | Reason for exception: |
|---|------------------------------|
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| Please use a separate sheet if necessary | |

Standard Conditions

Please refer to the Council's Standard Conditions for Sexual Entertainment Venues. Should the application be granted, your licence will be subject to all standard conditions unless specifically excluded from your licence.

State which (if any) standard conditions you wish to disapply from your licence and the reasons you feel they should be disappplied, including any individual circumstances relating to your operation:

| Condition: | Reason for removing the condition: |
|---|---|
| | |
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| | |
| Please use a separate sheet if necessary | |

State any other conditions you wish to be attached to your licence:

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| |
| Please use a separate sheet if necessary |

PART 4 – Previous Convictions/Disqualifications

| | |
|--|-----------------------------|
| Have you, or any person named in or associated with this application, been convicted of any crime or offence? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please provide details on a separate sheet | |
| Have you been refused the grant or renewal of a licence for this premises, vehicle, vessel or stall within the last 12 months? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, has the refusal been reversed on appeal? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had a sex establishment licence revoked in Westminster within the last 12 months? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |

PART 5 - Checklist

Please tick as appropriate:

| | |
|--|--------------------------|
| All relevant sections of the application form have been completed in full | <input type="checkbox"/> |
| Payment of the fee has been made in full (refer to Part 7 of this form) | <input type="checkbox"/> |
| A plan of the premises in accordance with the Rules of Procedure for Sexual Entertainment Venues has been included | <input type="checkbox"/> |
| A drawing showing the front elevation of the premises as proposed has been included | <input type="checkbox"/> |
| The code of conduct for performers has been included | <input type="checkbox"/> |
| Notice of this application has been published in a local newspaper / will be published in a local newspaper within the next 7 days, a full copy of the newspaper to be provided to the Licensing Authority as soon as possible | <input type="checkbox"/> |
| Notice of this application has been displayed at the premises | <input type="checkbox"/> |
| The application has been served on the Metropolitan Police Service | <input type="checkbox"/> |

PART 6 - Declaration

APPLICANTS ARE WARNED THAT ANY PERSON WHO, IN CONNECTION WITH AN APPLICATION FOR THE GRANT 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 TWENTY THOUSAND POUNDS (£20,000).

I declare that the information given above is true and complete in every respect.

| | |
|-----------|--|
| Signed | |
| Date: | |
| Capacity: | |

For joint applications:

| | |
|-----------|--|
| Signed | |
| Date: | |
| Capacity: | |

Agent Details

Are you an authorised agent acting on behalf of the applicant?

Yes No

If yes, please provide the following:

| | |
|-------------------------|--|
| Agent name: | |
| Agent Address: | |
| Postcode: | |
| Agent Telephone Number: | |
| Agent Email: | |

Correspondence Details

Please provide the details to which all correspondence should be sent:

| | |
|-------------------|--|
| Name: | |
| Address: | |
| Postcode: | |
| Telephone Number: | |
| Email: | |

PART 7 – Payment

If applying by post you can pay by cheque, postal order or credit / debit card. Please make cheques and postal orders payable to ‘LONDON BOROUGH OF BROMLEY’.

**The current fee 2016 : Annual Licence; £13749
Occasional licence £1375**

If you would like to pay by credit / debit card please contact the licensing team on 0208 313 4218

**THIS APPLICATION SHOULD BE COMPLETED IN FULL AND RETURNED TO THE
LICENSING TEAM LONDON BOROUGH OF BROMLEY CIVIC CENTRE
STOCKWELL CLOSE BR1 3UH.**