



LICENSING

APPLICATION FOR GRANT OF A SEX ESTABLISHMENT LICENCE

SECTION 1 - DETAILS OF APPLICANT(S)

1. FULL DETAILS OF APPLICANT(S) (IF A PARTNERSHIP, ENTER NAMES OF ALL PARTNERS)

(a) Name: -----

(b) Maiden Name or other Name(s) (if applicable): -----

(c) Date of Birth: -----

(d) Place of Birth including Town & Country: -----

----- Post Code -----

(e) Full Current Private Address: -----

----- Post Code -----

(f) Please state previous address if lived at (e) for less than five years

----- Post Code -----

(g) Telephone Number (Business) ----- (Other) -----

(a) Name: -----

(b) Maiden Name or other Name(s) (if applicable): -----

(c) Date of Birth: -----

(d) Place of Birth including Town & Country: -----

----- Post Code -----

(e) Full Current Private Address: -----

----- Post Code -----

(f) Please state previous address if lived at (e) for less than five years

----- Post Code -----

(g) Telephone Number (Business) ----- (Other) -----

SECTION 1 - DETAILS OF APPLICANT(S) (continued)

2. IF THE APPLICATION IS BEING MADE BY OR ON BEHALF OF A COMPANY, SOCIETY, ASSOCIATION OR OTHER BODY, STATE:

(a) Address of the registered or principal office: -----

----- **Post Code -----**

(b) Full details and private addresses of every director or other person involved in or responsible for the management of the company, society, association or other body:

(c) Name: -----

(d) Maiden Name or other Name(s) (if applicable): -----

(e) Date of Birth: -----

(f) Place of Birth including Town & Country: -----
----- **Post Code -----**

(g) Full Current Private Address: -----

----- **Post Code -----**

(h) Please state previous address if lived at (g) for less than five years

----- **Post Code -----**

(i) Telephone Number (Business) ----- (Other) -----

(j) If you, your partner or a director of the company will not be responsible for the day to day running of the establishment please give details of person who will be:

(k) Name: -----

(l) Maiden Name or other Name(s) (if applicable): -----

(m) Date of Birth: -----

(n) Place of Birth including Town & Country: -----
----- **Post Code -----**

(o) Full Current Private Address: -----

----- **Post Code -----**

(p) Please state previous address if lived at (o) for less than five years

----- **Post Code -----**

(q) Telephone Number (Business) ----- (Other) -----

3. HAVE YOU OR ANY PERSON NAMED IN THIS APPLICATION EVER HELD OR BEEN REFUSED A LICENCE UNDER THE LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982? IF SO PLEASE GIVE DETAILS: -----

SECTION 2 - DETAILS OF PREMISES

(a) Trade name or title of premises: -----

(b) Full address of premises to be licensed:

----- **Post Code** -----

(c) Telephone Number (Business) ----- (Other) -----

(d) What parts of the building are proposed to be used under the licence?

(e) In whose name is/will the freehold of the premises be vested?

Name: -----

Address: -----

----- **Post Code** -----

(f) If you are not the freeholder do you hold:

(i) A lease on the premises? -----

(ii) A licence to use the premises? -----

(iii) A tenancy for the premises? -----

SECTION 3 - GENERAL

(a) Do you propose to exhibit moving pictures by whatever means produced?

Yes		No	
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(b) Do you intend to sell recordings of vision or sound which could not be sold other than with the granting of a licence?

Yes		No	
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SECTION 3 - GENERAL (continued)

(c) Do you to sell any publication or article which may be read and would not otherwise be sold other than with the granting of a licence?

Yes		No	
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(d) If the answer to (c) is YES, please describe the material being sold:

(e) Do you intend to sell any article made for use in connection with or for the purpose of stimulating or encouraging:

(i) Sexual activity or

(ii) Acts of force or restraint which are associated with sexual activity?

Yes		No	
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(f) Please give details of articles to be sold not covered in (a to e) above?

(g) What hours do you propose to trade?

SUN ----- to ----- THUR ----- to -----
MON ----- to ----- FRI ----- to -----
TUE ----- to ----- SAT ----- to -----
WED ----- to -----

SECTION 4 - DECLARATION

- (a) I/We enclose payment of £13,380.00 (Cheques should be made payable to London Borough of Richmond).
- (b) I/we declare that the particulars given in this application are true to the best of my/our belief.
- (c) I acknowledge that a copy of my application will be sent to the Police in fulfilment of Local Government (Miscellaneous Provisions) Act 1982, Schedule 3, Paragraph 10 (14) on my behalf by the Licensing Authority.

Signature of Applicant(s) (PLEASE PRINT NAME BESIDE SIGNATURE):

MR/MRS/MISS/MS

MR/MRS/MISS/MS

MR/MRS/MISS/MS

Dated: ----- day of -----20 ---

Address to which communications are to be sent if different from premises:

----- **Post Code** -----

Return to:
LICENSING
ENVIRONMENT DIVISION
2nd Floor Civic Centre
44 York Street
Twickenham TW1 3BZ

Information provided in this application will be held on our computers and manual records. It will be used to assess your application and may be shared with other departments within the London Borough of Richmond. The Metropolitan Police, The London Fire & Emergency Planning Authority, sub-contractors contracted to provide any support, administration or similar service and any other parties we are required to consult. It may be disclosed where required by law or in connection with legal or regulatory proceedings. Where the public are entitled to object to a licence or we are required to maintain a public register details of licences & applications may be published.