



## Borough of Poole

### Application for the grant of a Sex Establishment Licence

Local Government (Miscellaneous Provisions) Act 1982 as Amended

#### Please read the following instructions

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

**Sexual Entertainment  
Venue**

**Sex Shop**

**Sex Cinema**

#### APPLICANT DETAILS

1. Is the applicant:

- An individual  
 A company or other corporate body  
 A partnership or other unincorporated body

2. Full name of applicant (individual):

Former or previous names:

Home address:

Post town:

Post code:

Telephone numbers:

Date of birth:

3. Name of applicant (company name):

Address of registered or principal office:

Post town:

Post code:

Registration number:

4. Name and address of applicant:

Names and addresses of applicant's partners (please use additional sheet):

5. Are there any other persons responsible for the management of the premises/business other than the partners? Please state their names and addresses:

6. a. Has the applicant ever been known by any other name? Yes  No
- b. Has the applicant ever been convicted of a criminal offence? Yes  No
- c. Has the applicant ever been refused a sex establishment licence? Yes  No
- d. Has the applicant ever had a sex establishment licence revoked? Yes  No
- e. Has the applicant ever been served with a winding up petition? Yes  No
- If the answer to any of these questions is yes, please provide details:

7. Applicants' trading address or head office (other than the premises)

8. Will the business for which this licence is sought be carried on for the benefit of a person other than the applicant? Yes  No

If the answer is yes, state the name, address, place of registration, registered number and the identity of all directors, company secretary and those with a greater than 10% shareholding.

9. Does the applicant operate any other sex establishments, licensed or otherwise? Please state name, address, and type of sex establishment of each.

#### PREMISES DETAILS

10. Please state the name the business will be known as:

11. Is the premises a  Building  Vehicle  Vessel  Stall

12. Where is it proposed to use the vehicle, vessel or stall?

13. Does the company propose to only operate on the internet? Yes  No

14. Premises address:

Post town:

Post code:

Telephone number at premises:

15. Which part of the premises is to be used as a sex establishment?

16. Is the applicant  owner  lessee  sub-lessee  other

17. If the applicant rents the property state:

a. Name and address of landlord

b. Name and address of the superior landlord:



b. Please provide details of any merchandising agreements:

### **Premises management**

26. Please state the name of the person who will be in day to day control of the premises (the manager).

a. Will the manager be based at the premises Yes  No

b. Will the management of the premises be the manager's sole occupation Yes  No

27. Who will be in control of the premises in the manager's absence (relief manager)?

a. Will the relief manager be based at the premises in the absence of the manager? Yes  No

If you have ticked no to any of the above, please provide details

### **External appearance and advertising**

28. Please describe the proposed exterior signage and advertising. Please include nature, content and size of each sign and any images to be used:

Please note that a drawing of the front elevation is required to be submitted with this application

29. Please describe how the interior of the premises is obscured to passers by:

30. Please describe any proposed window displays:

31. Please describe how the business is to be advertised, i.e. business cards, billboard advertising, radio or television advertising etc

**Policies and Operating Schedule**

32. Please provide details of the age verification policy:

33. Please provide details of the CCTV arrangements:

34. State measures to be taken to prevent nuisance to residents and businesses in the vicinity:

35. State measures to be taken to promote public safety:

36. State measures to be taken to prevent crime and disorder:

37. State measures to be taken to protect children from harm:

38. State measures to ensure employees age and right to work in the UK:

39. Describe training and welfare policies:

**Applications for Sexual Entertainment Venues Only**

40. Is the proposal for full nudity? Yes  No

41. Describe the nature of the entertainment, e.g. lap-dancing, pole dancing, stage strip-tease:

42. Please enclose a copy of the code of conduct dancers must abide by (or equivalent document), and describe how performers will be monitored to ensure compliance:

43. Please enclose a copy of the code of conduct customers must abide by (or equivalent document), and describe how customers will be monitored to ensure compliance:

44. Please enclose a copy of the welfare policy for performers (or equivalent document) and describe how this will be distributed.

45. Does the business intend to provide vehicles to transport customers or performers to and from the premises? Yes  No

Please enclose copies of the relevant licences issued by Taxi and Private Hire Licensing.

**Further information**

46. Please set out any further information you wish the authority to take into account.

47. Is there any information on this form you do not wish to be seen by members of the public? If so state which information and the reasons why you do not wish it to be seen.

## CHECKLIST & ENCLOSURES

### Enclosures

- I have made or enclosed payment of the fee
- I have enclosed three sets of scale plans of the premises (1:100)
- I have enclosed a drawing of the street elevation of the premises (1:50)
- I have enclosed a completed form SEF 5 and a Disclosure and Barring Service (Standard DBS disclosure) for each person mentioned in Q2, 4, 5 and 8
- I have enclosed a completed form SEF 5 for the Manager and Relief Manager (Q26 & 27)
- I have enclosed a copy of the company's staff welfare policy
- I have enclosed a copy of the Code of Conduct for Dancers (if appropriate)
- I have enclosed a copy of the Code of Conduct for Customers (if appropriate)
- I have enclosed a copy of the Dancers Welfare Pack (if appropriate)
- I have enclosed a copy of the licences for vehicles used in connection with the business (if appropriate).

### Advertisement

- I declare that I have served a copy of this application on Dorset Police.
- I declare that a public notice advertising this application has today been displayed upon the proposed premises where it may be conveniently read by the public and will remain for a period of 21 days. A copy of the notice and the standard declaration is enclosed.
- I declare that within seven days of the date of this application a public notice advertising this application will be publicised in the legal notices column of the local press.
- A copy of the relevant press edition will be sent to Environmental and Consumer Protection Services
- I understand that if I do not comply with the above requirements my application will be rejected

Borough of Poole is under a duty to protect the public funds it administers, and to this end may use the information you have provided on your application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Any person who, in connection with an application for a grant, renewal or transfer of a sex establishment licence, makes a false statement which he knows to be false in any material respect of 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

## SIGNATURES

Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity.

Signature:

Date:

Capacity:

Contact Name (where not previously given) and address for correspondence associated with this application:	
Post town:	Post code:
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	

**Guidance Notes**

1. Please return this completed application form to:

Environmental and Consumer Protection Services  
Unit 1, New Fields Business Park  
Poole  
Dorset  
BH17 0NF

2. Please make cheques/postal orders payable to Borough of Poole.
3. The fee for the grant of a new sex establishments is £
4. The applicant is responsible for serving a copy of this application on the Licensing Officer (Poole), Dorset Police, Bournemouth Divisional HQ, Madeira Road, Bournemouth, Dorset BH1 1QQ.
5. Copies of this application may be forwarded to Dorset Fire and Rescue who may wish to inspect the premises and provide observations in relation to the structure, safety and suitability of the building for the purpose intended.
6. Requirements for layout plan

The plan must show:

1. The layout of the premises including, e.g. stage, bars, cloakroom, WCs, performance area, dressing rooms.
2. The extent of the boundary of the premises outlined in red
3. The extent of the public areas outlined in blue
4. Uses of different areas in the premises, e.g. performance areas, reception, staff facilities.
5. Structures or objects (including furniture) which may impact on the ability of individuals to use exits or escape routed without impediment.
6. Location of points of access to and egress from the premises.
7. Any parts used in common with other premises.
8. Position of CCTV cameras
9. Where the premises includes a stage or raised area, the location and height of each stage or area relative to the floor.
10. The location of any steps, stairs, elevators or lifts.
11. The location of any public conveniences, including disabled WCs.
12. The location and type of any fire safety and other safety equipment.
13. The location of the kitchen (if applicable).
14. The location of emergency exits.

For further assistance or information please contact a member of Licensing on 01202 261700.