

## Application for Licence for a Sex Establishment Local Government (Miscellaneous Provisions) Act 1982 as amended by the Policing and Crime Act 2009

All answers are to be typewritten, or written in block capitals with black ink. Applicants should first read the Council's Sex Establishment Licensing Policy

1.	To: The proper officer of the Watford Borough Cour	cil			
	[I (full name) of (permanent address)	Telephone No.: E-mail address: Date of Birth:			
	*[We (full names)				
2. whose registered or principal office situate at (full address and postcode)					
		Telephone No.: E-mail address:			
	[and which company is registered in England and W	ales [or in Scotland] under registration number			
	By ticking this box, you agree to us mainly commu letters and licences.	nicating with you by email, including sending reminder			
3. of which the full details of the Directors and/or Partners or other persons responsible for its are as follows:					
	Surname				
	First names				
	Full private				
	address				
	Date of birth				
4.	HEREBY MAKE APPLICATION FOR a licence for the ultime the premises situate at and known as	ise of			
5.	AND TO BE KNOWN BY THE BUSINESS NAME OF:	1			
	s a sex establishment, as defined in Schedule 3 to the Local Government (Miscellaneous Provisions) Act 19 s amended by the Policing and Crime Act 2009				
	The required fee of £ accompanies this application current fees).	lication (please see <u>www.watford.gov.uk/sex</u> for the			

6.	NOTES: (1) A copy of any application for a licence must be sent to the Superintendent, Hertfordshire Constabulary, Watford Police Station, 3 George Street, Watford WD18 0BX, not later than seven days after the date of application. (2) Any person who, in connection with this application, makes a false statement which he knows to be false in any material respect or which he does not believe to be true, shall be guilty of an offence and shall be liable on summary conviction to a fine. (3) If there is insufficient space for any answer, continue on a blank sheet of paper clearly indicating to which question the answer relates. (4) A scale plan of the interior of the premises to which this application relates must be submitted as part of the application.
	* In the case of a body corporate or unincorporated body  Delete words in square brackets which do not apply
7.	Is the applicant's interest in the premises freehold or leasehold?
8.	(a) If leasehold, please state the name, address and postcode of the landlord?
	(b) To the applicant's knowledge, has the landlord consented to the use of the premises as a sex establishment? If yes, what evidence is available to support this?
9.	Is the whole business owned by the applicant? If not, give details as to other Partners or owners:
10	.What articles are to be offered for sale?
	(a) Will any articles be sold via mail order?
	(b) Will any articles be sold via telephone ordering service?
11	.Please describe any proposed advertisements or displays to be exhibited, providing examples where available, including those to be displayed on the front, facade or fascia of the premises:
12	.What means will be taken to: (a) Prevent the interior of the premises being visible to passers-by?
	(b) Prevent children under the age of 18 gaining entry to the premises or materials therein?
13	.Give details of the proposed opening hours:
	(a) Days of the week

(b) Hours of the day

Forename	Surna	me	Former Nam	e	Permanent	Add	dress D		te of Birt	h	
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		1									
15.Please pro	vide deta	ils of pre	vious convict	ions (	of all persons I	isted	d in this	applic	ation:		
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Offenders				xciuu	ling "spent" co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Luons ut	emiec	i iii tile K	енаын	intation of
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Forename Surn		rname			Date of conviction		Place of Conviction		Offence		Sentence
			Name		CONVICTION		LOTIVICUE	ווע			
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16.Please pro	vide deta	ils of all p	revious convi	iction	ns against the b	ody	or com	pany			
Compa	Company Date of Conviction			Place of Conviction				Offence			Sentence
Compa	ПУ	Date of	CONVICTION	Pla	ice of Convictio	ווע		лепс	.e		Sentence
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•	•			utior	ns are pending	aga	inst any	perso	ns/bodie	s nam	ed in
Questions 14 or 15? Give details:											
18.Has any pe	rson nam	ned in this	application b	een	associated wit	h an	applica	tion fo	or a sex e	stablis	shment
		ithin the	United Kingdo	om, ii	ncluding where	e an	applicat	ion fo	r a licend	e was	refused?
Give full de	etails:										
Forenar	ne	Su	rname	Add	dress of premis	es	Loca	l Auth	ority	Rol	e in respect of
					'				,		premises
19.Is there an	y further	informati	ion which the	appl	icant would wi	sh t	he Coun	cil to	take into	accou	int when
considering	-			1-1		3.			•		-

14. Please provide details of those involved in the management of the premises in the absence of the licence

holder.

20. Dated this	day of	20
Signed by:		Full name:

If an authorised officer of a company, position with the company:

## **DATA PROTECTION – Keeping your personal information safe**

Any data that you provide will be stored and processed by Watford Borough Council or its appointed agents in accordance with the law.

Information collected may be shared with other Council departments and/or organisations the Council works with who assist us in the performance of our functions. It may also be shared with outside organisations such as the Police, DWP, and County Council, to prevent and detect crime. It may be shared with insurance companies and bodies responsible for auditing or administering public funds for the prevention and detection of fraud.

Further information on the Council's obligations to safeguard your personal information and your rights on accessing data held about you can be found on the Council's website at:

https://www.watford.gov.uk/privacynotice and https://www.watford.gov.uk/ehlprivacynotice or by telephoning 01923 278000