



SE1

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

Application For 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.

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

Any person who, in connection with an application for a grant 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.

Section 1 - APPLICATION DETAILS

1. Is the application for a:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Sexual Entertainment Venue | <input type="checkbox"/> Sex Shop | <input type="checkbox"/> Sex Cinema |
| <input type="checkbox"/> Grant | <input checked="" type="checkbox"/> Renewal | <input type="checkbox"/> Variation |

If the application is for a variation, please state the nature of the variation:

Section 2 - APPLICANT DETAILS

2. Is the applicant:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> An individual | (please answer questions 3 and 4) |
| <input checked="" type="checkbox"/> A company or other corporate body | (please answer questions 5 to 9) |
| <input type="checkbox"/> A partnership or other unincorporated body | (please answer questions 10 to 12) |

Individual Application

3. Full name of applicant (individual):

Former or previous names:

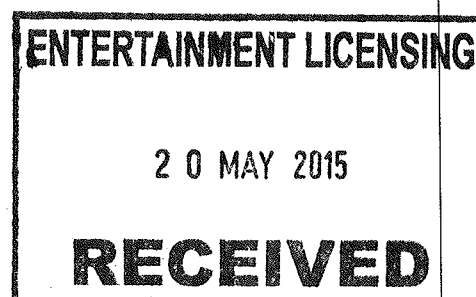
Home address:

Post town:

Telephone numbers:

Date of birth:

Post code:



4. Are there any other persons responsible for the management of the premises/business other than those stated in question 3? Please state their names and addresses:

Company or other corporate body

5. Name of applicant (company name): Red Carpet Leisure (Leeds) Limited

Address of registered or principal office: Unit 7 Sheepscar Court, Northside Business Park

Post town: Leeds

Post code: LS7 2BB

Registration number: 07778292

6. Name and address of the applicant's directors and company secretary (please use additional sheet):

[REDACTED]

7. Are there any other persons responsible for the management of the premises/business other than those stated in question 5 and 6? Please state their names and addresses:

[REDACTED]

8. State the names of all persons with a shareholding greater than 10% in the business.

[REDACTED]

9. Is the business a wholly owned subsidiary or another company or corporate body? If so state the name, place of registration and identity of its directors and company secretary.

No

Partnership or other unincorporated body

10. Name and address of applicant:

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

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

All applicants

13. 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:

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

Unit 7 Sheepscar Court, Northside Business Park, Leeds, LS7 2BB

15. 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.

16. Does the applicant operate any other sex establishments, licensed or otherwise? Please

state name, address, and type of sex establishment of each.

No.

However, [REDACTED] operates Silks, 18-22 Lloyd Street, Manchester in respect of which an SEV was granted effective from 9 January 2012 and renewed on 4 March 2013 and 5 February 2014 with the current renewal application in the course of being processed.

Section 3 - PREMISES DETAILS

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

Silks

18. Is the premises a ☒ Premises ☐ Vehicle ☐ Vessel ☐ Stall

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

N/A

20. In the case of a sex shop, does the company propose to only operate on the internet? (if yes answer questions 20 to 28 only) Yes ☐ No ☐

21. Premises address

Silks, 2 Sovereign Place

Post town Leeds Post code LS1 4SP

Telephone number at premises 0113 242 5302

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

Ground and first floor

23. Is the applicant ☐ owner ☒ lessee ☐ sub-lessee ☐ other

24. If the applicant rents the property state:

a. Name and address of landlord

[REDACTED]

b. Name and address of the superior landlord:

N/A

c. Total annual rental: £35,000 p/a

d. Length of unexpired term: Lease from 11.09.2009 for an unlimited term subject to 6 months' notice

e. Notice required to terminate tenancy: 6 months' notice required from Landlord

25. Please provide details of the building management company (if appropriate):

Spacia, 1B George Stephenson House, Toft Green, North Yorkshire, YO1 6JT

26. State the current use of the premises:

Gentlemen's Lounge

27. Has planning permission, or a certificate of lawful use, been obtained for the use of the proposed premises?

Yes ☒ No ☐

28. Can members of the public access the premises:

a. Directly from the street?

Yes ☒ No ☐

b. From other premises?

Yes ☐ No ☒

c. Not at all? (internet sales only)

Yes ☐ No ☒

29. a. Numbers of door supervisors: Two

b. Hours door supervision in place: 22:00 until closing time

30. Are the premises currently being used as a sex establishment?

Yes ☒ No ☐

Please provide details of the business currently operating the business:

Red Carpet Leisure (Leeds) Limited

31. Are the premises licensed under any other Act such as the Licensing Act 2003? Yes ☒ No ☐
Please state the name of the designated premises supervisor.

[REDACTED]

Section 4 - OPERATING SCHEDULE

32. Opening hours: (If internet sales only please tick here ☐ and continue to Q39)

Monday 22:00 – 04:00

Friday 22:00 – 05:00

Tuesday 22:00 – 04:00

Saturday 22:00 – 05:00

Wednesday 22:00 – 04:00

Sunday 22:00 – 04:00

Thursday 22:00 – 04:00

33. Has the applicant entered into any written or oral agreement in connection with the business, for example a management agreement, partnership agreement or profit share arrangement? Please provide details

Yes ☐ No ☒

a. Please provide details of any lender, mortgage or others providing finance:

b. Please provide details of any merchandising agreements:

N/A

Premises management

34. 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 ☐

35. 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

(Please complete an SE5 form for each person mentioned in this section)

External appearance and advertising

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

Please see attached photographs showing the premises during operating hours and outside opening hours.

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

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

It is impossible for persons to see inside the premises. Even when the front door is open the view is to the reception counter only.

38. Please describe any proposed window displays:

There are no window displays. There is a facility for digital advertising which is currently not in use. If this were to be brought into use in the future we will seek the prior approval of the

39. Please describe how the business is to be advertised, i.e. business cards, billboard advertising, personal solicitation, advertising on motor vehicles, radio or television advertising:

Billboards, flyers and promotional mail – please see attached example together with Flyering Code of Conduct.

Policies and Operating Schedule

40. Please provide details of the age verification policy:

Challenge 25 policy is adopted.

41. Please provide details of the CCTV arrangements:

There are 23 CCTV cameras (a separate camera for each of the 13 booths).

Full details of camera location points are shown on the plan accompanying this renewal application.

There will be full compliance with all Standard Conditions regarding CCTV.

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

No interaction either with residents (none in the vicinity) or businesses (which are generally closed by the time the venue opens).

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

SIA registered door personnel

CCTV

Fire alarm system

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

SIA registered door personnel of which at least two will be present at all times relevant entertainment is provided.

Please also refer to the Prevention of Crime and Disorder objectives detailed in the premises licence (see attached).

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

No admission to under 18 year olds.

Challenge 25 policy.

Compliance with Standard Condition 18 regarding external signage.

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

All employee personal details are checked prior to employment commencing.

Personnel records are kept and retained at the premises.

All dancers' details are thoroughly checked prior to being allowed access to the premises under the status of self-employed persons.

47. Describe training and welfare policies:

Please see dancers and performers welfare policy and welfare notices attached.

Applications for Sexual Entertainment Venues Only

48. Is the proposal for full nudity?

Yes ☒ No ☐

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

Lap dancing

Pole dancing

Stage strip tease (first floor)

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

Please see attached dancers code of practice and staff rules. Compliance is monitored by the duty manager. Additionally, as further described below the receptionist can view the CCTV monitor and dancers are deterred from non-compliance as they are informed that all booths are supplied with cameras. Please also see dance booth checklist and reception checklist.

Performers must abide by all standard conditions.

51. 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:

Please see attached. Compliance is monitored by CCTV cameras throughout the premises. Monitors are displayed by the ground floor reception area and upstairs at the cashiers' booth. The receptionist can view the monitor at all times the premises are open, and the cashier can view the upstairs monitor. The monitor serves as a deterrent as members of the public can see the monitor. SIA registered door staff are also present at all times the premises is operating to deal with non-compliance.

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

Please see documents referred to in answer to question 47. These are handed to each performer who works at the venue prior to them commencing work and further copies are on display in the dancers' changing room.

53. Does the business intend to provide vehicles to transport customers or

Yes ☐ No ☒

performers to and from the premises?

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

Further information

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

N/A

55. 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.

Personal information

Section 5 - CHECKLIST & ENCLOSURES

Enclosures

- | | |
|--|-------------------------------------|
| I have made or enclosed payment of the fee | <input checked="" type="checkbox"/> |
| I have enclosed three sets of plans of the premises | <input checked="" type="checkbox"/> |
| I have enclosed a drawing of the street elevation of the premises | <input checked="" type="checkbox"/> |
| I have enclosed a completed form SE5 for each person named in questions 3 to 11 | <input checked="" type="checkbox"/> |
| I have enclosed a completed form SE5 for the Manager and Relief Manager | <input checked="" type="checkbox"/> |
| I have enclosed a copy of the company's staff welfare policy | <input checked="" type="checkbox"/> |
| I have enclosed a copy of the code of practice for dancers (if appropriate) | <input checked="" type="checkbox"/> |
| I have enclosed a copy of the code of conduct for customers (if appropriate) | <input checked="" type="checkbox"/> |
| I have enclosed a copy of the Dancers Information Pack (if appropriate) | <input checked="" type="checkbox"/> |
| I have enclosed a copy of the licences for vehicles used in connection with the business (if appropriate). | <input type="checkbox"/> |

Advertisement

- | | |
|---|-------------------------------------|
| I declare that I have served a copy of this application on West Yorkshire Police. | <input checked="" type="checkbox"/> |
| 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 thereon for a period of 21 days. A copy of the notice (SE6) and the standard declaration (SE7) is enclosed. | <input checked="" type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> |
| A copy of the relevant press edition will be forwarded to Entertainment Licensing | <input checked="" type="checkbox"/> |
| I understand that if I do not comply with the above requirements my application will be rejected | <input checked="" type="checkbox"/> |

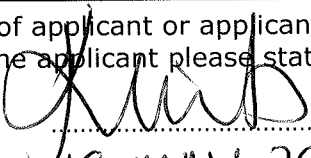
Leeds City Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on your application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public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

Any person who, in connection with an application for a grant, renewal, variation 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

Section 6 - 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 19 MAY 2015

Capacity SOLICITORS + AUTHORIZED AGENTS

Contact Name (where not previously given) and address for correspondence associated with this application

Kuit Steinart Levy LLP, 3 St Mary's Parsonage

Post town Manchester

Post code M3 2RD

Telephone number (if any) 0161 838 7888

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
rebeccaingram@kuits.com

Guidance Notes

1. Please return this completed application form to:

Entertainment Licensing
Civic Hall
LEEDS
LS1 1UR

2. Please make cheques and postal orders payable to Leeds City Council.

3. The fees are as follows:

	New	Renewal	Variation	Transfer
Sexual Entertainment Venue	£4,159.00	£4,159.00	£3,567.00	£776.00
Sex Shop & Sex Cinema	£4,159.00	£776.00	£3,567.00	£776.00

4. The applicant is responsible for serving a copy of this application on the **Licensing Officer, West Yorkshire Police, Leeds District Headquarters, Elland Road, Leeds, LS11 8BU**
5. The licensing authority may forward copies of this application to the West Yorkshire Fire and Rescue Service who will assess the application and inspect the premises, if necessary, to provide observations in relation to the structure, safety and suitability of the building for the purpose intended.
6. Furthermore, details of this application will be forwarded to the local Ward Members.
7. 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 Entertainment Licensing on 0113 247 4095

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

Information On Individuals

Local Government (Miscellaneous Provisions) Act 1982 As Amended

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PERSONAL DETAILS

1. Name: [REDACTED]
2. Former name (if any): [REDACTED]
3. Position in relation to applicant (i.e. director, partner, manager): *Manager*
4. Date of Birth: [REDACTED] 5. Gender: [REDACTED]
5. Permanent address: [REDACTED]
6. If resident at this address for less than 3 years, state previous address: [REDACTED]
7. Have you been resident in the UK for longer than 6 months? Yes ☐ No ☒
8. Have you ever been disqualified from holding a sex establishment licence? Yes ☐ No ☒
Please give details [REDACTED]
9. Have you ever been involved in the management of a business, whether as a proprietor, director, company secretary, partner, manager, supervisor or otherwise which has had any of the following types of licence refused, refused on renewal reviewed or revoked?

a. Sex establishment licence	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Licence for the supply of alcohol	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Licence for the provision of entertainment, whether sexual or otherwise	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. Personal Licence under the Licensing Act 2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

 Please give details: [REDACTED]

<p>10. Have you ever been convicted of a criminal offence, whether in the United Kingdom or elsewhere? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If so, provide details of the date, convicting court, offence and penalty imposed.</p>	
<p>11. To your knowledge, are you currently the subject of any criminal investigate? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If so please give details</p>	
<p>12. Have you ever had civil legal action taken against you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If so please give details</p>	
<p>13. Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If so please give details</p>	
<p>14. Have you ever been disqualified from acting as a company director? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If so please give details</p>	
<p>15. Is there any other information which you believe the licensing authority would reasonably expect notice of, or you would like to licensing authority to take into account when considering information you supplied? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If so please give details</p>	
<p>16. Is there any information in this form which you do not wish to be seen by members of the public? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If so state which information and the reasons why you do not wish it to be seen.</p>	

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SIGNATURES

Signature

Date

Contact phone number

Contact email



Leeds
CITY COUNCIL

SE5

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR
Information On Individuals

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PERSONAL DETAILS

1. **Name:** [REDACTED]
2. **Former name (if any):** NONE
3. **Position in relation to applicant (i.e. director, partner, manager):** manager
4. **Date of Birth:** [REDACTED] 5. **Gender:** [REDACTED]
5. **Permanent address:**
[REDACTED]
[REDACTED]
6. **If resident at this address for less than 3 years, state previous address:**
[REDACTED]
7. **Have you been resident in the UK for longer than 6 months?** Yes ☒ No ☒
8. **Have you ever been disqualified from holding a sex establishment licence?** Yes ☐ No ☒
Please give details
9. **Have you ever been involved in the management of a business, whether as a proprietor, director, company secretary, partner, manager, supervisor or otherwise which has had any of the following types of licence refused, refused on renewal reviewed or revoked?**
 - a. **Sex establishment licence** Yes ☐ No ☒
 - b. **Licence for the supply of alcohol** Yes ☐ No ☒
 - c. **Licence for the provision of entertainment, whether sexual or otherwise** Yes ☐ No ☒
 - d. **Personal Licence under the Licensing Act 2003** Yes ☐ No ☒
Please give details:

10. Have you ever been convicted of a criminal offence, whether in the United Kingdom or elsewhere? If so, provide details of the date, convicting court, offence and penalty imposed.	Yes <input type="radio"/> No <input checked="" type="radio"/>
11. To your knowledge, are you currently the subject of any criminal investigate? If so please give details	Yes <input type="radio"/> No <input checked="" type="radio"/>
12. Have you ever had civil legal action taken against you? If so please give details	Yes <input type="radio"/> No <input checked="" type="radio"/>
13. Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement? No If so please give details	
14. Have you ever been disqualified from acting as a company director? If so please give details	Yes <input type="radio"/> No <input checked="" type="radio"/>
15. Is there any other information which you believe the licensing authority would reasonably expect notice of, or you would like to licensing authority to take into account when considering information you supplied? If so please give details	Yes <input type="radio"/> No <input checked="" type="radio"/>

16. **Is there any information in this form which you do not wish to be seen by members of the public?**

Yes ☐ No ☒

If so state which information and the reasons why you do not wish it to be seen.

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SIGNATURES

Signature

[Redacted Signature]

Date

29-04-2015

Contact phone number

[Redacted Phone Number]

Contact email

[Redacted Email Address]

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

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PERSONAL DETAILS

1. Name:			
2. Former name (if any):			
3. Position in relation to applicant (i.e. director, partner, manager):	DPS		
4. Date of Birth:		5. Gender:	
5. Permanent address:			

6. If resident at this address for less than 3 years, state previous address:

7. Have you been resident in the UK for longer than 6 months? Yes ☒ No ☒

8. Have you ever been disqualified from holding a sex establishment licence? Yes ☒ No ☒

Please give details

9. Have you ever been involved in the management of a business, whether as a proprietor, director, company secretary, partner, manager, supervisor or otherwise which has had any of the following types of licence refused, refused on renewal reviewed or revoked?

a. Sex establishment licence Yes ☒ No ☒

b. Licence for the supply of alcohol Yes ☒ No ☒

c. Licence for the provision of entertainment, whether sexual or otherwise Yes ☒ No ☒

d. Personal Licence under the Licensing Act 2003 Yes ☒ No ☒

Please give details:

10. Have you ever been convicted of a criminal offence, whether in the United Kingdom or elsewhere? Yes ☒ No ☒

If so, provide details of the date, convicting court, offence and penalty imposed.

11. **To your knowledge, are you currently the subject of any criminal investigate?** Yes No
If so please give details

12. **Have you ever had civil legal action taken against you?** Yes No
If so please give details

13. Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement?
If so please give details

14. **Have you ever been disqualified from acting as a company director?** Yes No
If so please give details

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If so please give details

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If so state which information and the reasons why you do not wish it to be seen.

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SIGNATURES

Signature [Redacted Signature]

Date 16/4/15

Contact phone number [Redacted Phone Number] Contact email [Redacted Email]