



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 checked="" 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:

Post code:

Telephone numbers:

Date of birth:

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): [REDACTED]

Address of registered or principal office: [REDACTED]

Post town: [REDACTED]

Post code: [REDACTED]

Registration number: [REDACTED]

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:

N/A

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

N/A

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

N/A

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:

a) Previous company names were:-

e) 

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



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

Section 3 - PREMISES DETAILS

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

PURPLE DOOR

18. Is the premises a Premises Vehicle Vessel Stall

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

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
5 YORK PLACE

Post town LEEDS

Post code LS1 2DR

Telephone number at premises

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

BASEMENT AND GROUND 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: [REDACTED]

d. Length of unexpired term: [REDACTED]

e. Notice required to terminate tenancy: N/A

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

N/A

26. State the current use of the premises:

SEXUAL ENTERTAINMENT VENUE

27. Has planning permission, or a certificate of lawful use, been obtained for the use of the proposed premises? Yes No

THE PREMISES HAVE BEEN USED AS A LICENSED PREMISES, A GENTLEMAN'S CLUB AND A SEXUAL ENTERTAINMENT VENUE FOR IN EXCESS OF 10 YEARS AND IT IS THEREFORE SUBMITTED THAT THE USE/DEVELOPMENT IS LAWFUL

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: 2

b. Hours door supervision in place:

SUNDAY - THURSDAY 2200 HRS TO 0400 HRS
FRIDAY - SATURDAY 2200 HRS TO 0500 HRS

30. Are the premises currently being used as a sex establishment? Yes No

Please provide details of the business currently operating the business:

APPLICANT IS OPERATING THE BUSINESS

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.

████████████████████

Section 4 - OPERATING SCHEDULE

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

Monday 2200 hrs to 0400 hrs

Friday 2200 hrs to 0500 hrs

Tuesday 2200 hrs to 0400 hrs

Saturday 2200 hrs to 0500 hrs

Wednesday 2200 hrs to 0400 hrs

Sunday 2200 hrs to 0400 hrs

Thursday 2200 hrs to 0400 hrs

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:

AS EXISTING
SEE ATTACHED PHOTOGRAPHS

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:

TO ENTER THE BASEMENT OF THE PREMISES YOU MUST WALK DOWN A FLIGHT OF STAIRS, THEN ENTER THROUGH THE DOORWAY INTO A LOBBY BEFORE ENTERING THE CLUB.

TO ENTER THE GROUND FLOOR OF THE PREMISES YOU MUST WALK UP SEVERAL STAIRS, THEN ENTER THROUGH THE DOORWAY INTO A LOBBY BEFORE ENTERING THE CLUB (BOTH FLOORS ARE CONNECTED INTERNALLY)

38. Please describe any proposed window displays:

NO WINDOW DISPLAYS

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:

FLYERS – THE CONDITIONS ON THE CURRENT SEXUAL ENTERTAINMENT VENUE LICENCE ARE COMPLIED WITH.

WEBSITE

Policies and Operating Schedule

40. Please provide details of the age verification policy:

AS EXISTING – CHALLENGE 25 AGE VERIFICATION POLICY – PERSONS UNDER THE AGE OF 25 ARE REQUIRED TO SHOW PROOF OF AGE. THE CONDITIONS ON THE CURRENT SEV LICENCE ARE COMPLIED WITH.

41. Please provide details of the CCTV arrangements:

AS EXISTING – A X16 CAMERA DIGITAL SYSTEM WILL BE OPERATIONAL ON THE PREMISES AT ALL TIMES WHEN LICENSED ACTIVITIES ARE BEING CARRIED OUT. THE SYSTEM WILL COVER ALL PUBLIC AREAS INCLUDING BOOTHS AND CORRIDORS BUT NOT INCLUDING STAFF CHANGING ROOMS OR TOILETS. THE SYSTEM WILL CONFORM TO WEST YORKSHIRE POLICE GUIDELINES IN RESPECT OF BUSINESS RELATED CCTV EQUIPMENT. IT WILL BE ADEQUATELY MAINTAINED AND BE CAPABLE OF TRANSPORTING RECORDED MATERIAL ONTO REMOVABLE MEDIA.

CHANGES TO THE SITING AND STANDARD OF CCTV SYSTEMS MAY ONLY BE MADE WITH THE WRITTEN CONSENT OF WEST YORKSHIRE POLICE.

CCTV SECURITY FOOTAGE WILL BE MADE SECURE AND RETAINED FOR A MINIMUM PERIOD OF 31 DAYS TO THE SATISFACTION OF WEST YORKSHIRE POLICE. CCTV FOOTAGE WILL BE SUPPLIED TO THE POLICE AND AUTHORISED OFFICERS OF THE COUNCIL ON REQUEST.

AT ALL TIMES THAT THE PREMISES ARE OPEN TO THE PUBLIC THERE WILL BE A MEMBER OF STAFF ON DUTY WHO IS CONVERSANT WITH OPERATING THE CCTV SYSTEM AND WHO IS ABLE TO DOWNLOAD IMMEDIATELY ANY FOOTAGE REQUESTED BY THE POLICE OR AN OFFICER FROM THE LICENSING AUTHORITY OR AUTHORISED AGENT.

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

THE LICENSEE SHALL ENSURE THAT NO NUISANCE IS CAUSED BY NOISE OR VIBRATION EMANATING FROM THE LICENSED PREMISES RESULTING FROM THE USE OF THIS LICENCE. THE LICENSEE SHALL PROVIDE URGENT ATTENTION TO ANY REPORTS OF NOISE NUISANCE, AND ACT UPON THE DIRECTION OF THE LICENSING AUTHORITY. NOTICES WILL BE PLACED AT ALL EXITS TO THE PREMISES REMINDING CUSTOMERS TO LEAVE THE PREMISES QUIETLY.

THE LICENSEE WILL ENSURE THAT BUSINESS WASTE IS STORED INSIDE CLOSED CONTAINERS AWAITING COLLECTION, THAT LITTER ARISING FROM PEOPLE USING THE PREMISES IS CLEARED AWAY REGULARLY, THAT PROMOTIONAL MATERIALS SUCH AS FLYERS DO NOT CREATE LITTER AND OTHER STREET ADVERTISING IS CARRIED OUT LAWFULLY.

THE LICENSEE WILL ENSURE THAT THE PREMISES ARE OPERATING SO AS TO PREVENT THE EMISSION OF ODOURS WHICH ARE A NUISANCE AT NEARBY PREMISES OR TO PERSONS IN THE IMMEDIATE AREA.

THE LICENSEE WILL ENSURE THAT LIGHTING FOR THE PURPOSE OF CUSTOMER AND STAFF SAFETY, FOR THE SECURITY OF THE PREMISES , AND LIGHTING ASSOCIATED WITH ACTIVITIES OF ENTERTAINMENT AND ADVERTISING IS OF SUCH INTENSITY, SUITABLY POSITIONED AND OPERATED SO AS NOT TO CAUSE NUISANCE TO NEIGHBOURING OR ADJOINING PROPERTIES.

THE DOOR SUPERVISOR WILL TAKE REASONABLE STEPS TO PREVENT THE REMOVAL OF GLASSES AND BOTTLES FROM THE PREMISES.

ANY QUEUE TO THE PREMISES WILL BE MONITORED BY THE DOOR SUPERVISOR AND ANY PERSON WHO IS CAUSING A NUISANCE OR WHO APPEARS INTOXICATED WILL NOT BE ALLOWED INTO THE PREMISES AND WILL BE ASKED TO LEAVE THE QUEUE.

NO BOTTLES SHALL BE PLACED IN AN EXTERNAL RECEPTACLE AFTER 2300 HOURS TO MINIMISE NOISE DISTURBANCE TO ADJOINING PROPERTIES.

THE LICENSEE WILL ENSURE THAT ALL LICENSABLE ACTIVITIES ARE CONDUCTED AND OPERATED SO AS TO PREVENT THE TRANSMISSION OF AUDIBLE NOISE OR PERCEPTIBLE VIBRATION THROUGH THE FABRIC OF THE BUILDING OR STRUCTURE TO ADJOINING PROPERTIES.

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

REGULAR SAFETY CHECKS AT THE PREMISES, INCLUDING DECORATIVE AND FUNCTIONAL FIXTURES, FLOOR SURFACES AND EQUIPMENT (INCLUDING ELECTRICAL APPLIANCES) TO WHICH THE PUBLIC MAY COME INTO CONTACT MUST BE UNDERTAKEN. RECORDS OF THESE SAFETY CHECKS MUST BE KEPT AND MADE AVAILABLE FOR INSPECTION BY AN AUTHORISED OFFICER.

EMPTY BOTTLES AND GLASSES WILL BE COLLECTED REGULARLY, PAYING PARTICULAR ATTENTION TO BALCONY AREAS AND RAISED LEVELS.

IF USED, ANY TEMPORARY ELECTRICAL WIRING AND DISTRIBUTIONS WILL BE INSPECTED BY A SUITABLY QUALIFIED AND COMPETENT PERSON BEFORE THEY ARE PUT INTO USE.

AN INSPECTION RECORD/CERTIFICATE WILL BE RETAINED FOR INSPECTION BY AN AUTHORISED OFFICER.

REGULAR SAFETY CHECKS OF GUARDS TO STAIRS, BALCONIES, LANDINGS AND RAMPS WILL BE UNDERTAKEN AND A SUPERVISION POLICY WILL BE MAINTAINED TO PREVENT PEOPLE FROM INAPPROPRIATE BEHAVIOUR, INCLUDING CLIMBING WHICH MAY LEAD TO A FALL FROM HEIGHT.

SAFETY GLASS THAT IS IMPACT RESISTANT OR SHIELDED TO PROTECT IT FROM IMPACT WILL BE USED IN ALL AREAS WHERE THE PUBLIC WILL COME INTO CONTACT WITH IT.

ALL FLOOR SURFACES WILL BE SUITABLY SLIP RESISTANT, KEPT IN GOOD CONDITION AND FREE FROM OBSTRUCTIONS TO PREVENT SLIPS, TRIPS AND FALLS.

A WRITTEN SPILLAGE POLICY WILL BE KEPT TO ENSURE THAT ALL SPILLAGES ARE DEALT WITHIN A TIMELY AND SAFE MANNER.

WHERE STROBES, LASERS, SMOKE MACHINES AND ANY OTHER SPECIAL EFFECTS EQUIPMENT MAY BE USED, A WRITTEN HEALTH AND SAFETY POLICY COVERING ALL ASPECTS OF THEIR USE WILL BE PROVIDED, AND STAFF WILL BE APPROPRIATELY TRAINED.

MEMBERS OF STAFF HAVE FIRST AID TRAINING AND TREATMENT IS AVAILABLE ON THE PREMISES.

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

THE LICENSEE WILL IMPLEMENT A NO ENTRY POLICY AT LEAST ONE HOUR BEFORE THE PREMISES CLOSES FOR BUSINESS.

THE LICENSEE WILL AGREE A DISPERSAL POLICY WITH WEST YORKSHIRE POLICE.

THE LICENSEE WILL PARTICIPATE IN A RADIO OR OTHER COMMUNICATIONS SYSTEM IN ACCORDANCE WITH GUIDELINES ISSUED BY WEST YORKSHIRE POLICE.

CCTV – PLEASE SEE ABOVE.

THE LICENSEE WILL PROVIDE RECEPTACLES FOR THE DISPOSAL OF GLASS AND ANY OTHER SHARP OBJECTS AND ENSURE THAT ANY RECEPTACLE SITUATED IN AN AREA WHERE THE PUBLIC MAY GAIN OR HAVE ACCESS IS SECURE.

THE LICENSEE WILL DISCOURAGE CRIMINAL CONDUCT IN PARTICULAR THE USE OF ILLEGAL SUBSTANCES BY DISPLAYING NOTICES IN AND AT ENTRANCES TO LICENSED VENUES WHICH CLEARLY STATE THAT:-

'ENTRY WILL BE REFUSED TO ANY PERSON WHO IS DRUNK, THREATENING OR VIOLENT. ENTRY MAY BE REFUSED TO ANY PERSON WHO HAS BEEN CONVICTED OF AN OFFENCE OR DRUNKENESS, VIOLENCE OR THREATENING BEHAVIOUR OR THE USE OF OR DISTRIBUTION OF ILLEGAL SUBSTANCES AT A LICENSED VENUE. EVIDENCE MAY BE RECORDED ON IMAGING EQUIPMENT FOR CCTV AND OFFENCES WILL BE REPORTED TO THE POLICE'

WE WILL DISCOURAGE OFFENCES OUTSIDE VENUES, IN PARTICULAR THE USE OF AND DISTRIBUTION OF ILLEGAL SUBSTANCES AND PERSONS SOLICITING FOR THE PURPOSES OF PROSTITUTION AND INFORM THE POLICE AT THE EARLIEST OPPORTUNITY.

WE WILL RECORD FULL DETAILS OF THE CIRCUMSTANCES SURROUNDING THE SEIZURE OF DRUGS OR ARTICLES TAKEN AS A CONSEQUENCE OF CRIMINAL OFFENCES OR OTHER INCIDENTS AND RETAIN ITEMS WHERE THEY MAY BE REQUIRED AS EVIDENCE AND INFORM POLICE AS TO THEIR EXISTENCE.

WE WILL PROVIDE A SUITABLE RECEPTACLE IN ACCORDANCE WITH POLICE GUIDELINES FOR THE SAFE RETENTION OF ILLEGAL SUBSTANCES AND INFORM THE POLICE TO ARRANGE APPROPRIATE DISPOSAL.

WE WILL BE A MEMBER OF A LOCAL PUBWATCH OR OTHER LICENSEE'S REPRESENTATIVE POLICY.

THE LICENSEE WILL ENSURE THAT AN INCIDENT REPORT REGISTER IS MAINTAINED ON THE PREMISES TO RECORD INCIDENTS SUCH AS ANTI-SOCIAL BEHAVIOUR AND EJECTIONS FROM THE PREMISES.

THE INCIDENT REPORT REGISTER WILL CONTAIN CONSECUTIVELY NUMBERED PAGES, THE DATE, TIME AND LOCATION OF THE INCIDENT, DETAILS OF THE NATURE OF THE INCIDENT, THE NAMES AND REGISTRATION NUMBERS OF ANY DOOR STAFF INVOLVED OR TO WHOM THE INCIDENT WAS REPORTED, THE NAMES AND PERSONAL LICENCE NUMBERS (IF ANY) OF ANY OTHER STAFF INVOLVED OR TO WHOM THE INCIDENT WAS REPORTED, THE NAME AND NUMBERS OF ANY POLICE OFFICERS ATTENDING, NAMES AND ADDRESSES OF ANY WITNESSES AND CONFIRMATION OF WHETHER THERE IS CCTV FOOTAGE OF THE INCIDENT.

THE INCIDENT REPORT REGISTER WILL BE PRODUCED FOR INSPECTION IMMEDIATELY ON THE REQUEST OF AN AUTHORISED OFFICER.

A POLICY FOR SEARCHING PATRONS AT THE ENTRANCE TO THE PREMISES WILL BE ADOPTED BY THE LICENSEE.

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

PERSONS UNDER THE AGE OF 18 YEARS WILL NOT BE ADMITTED INTO THE PREMISES.

THE PREMISES OPERATE A STRICT CHALLENGE 25 POLICY.

ENTERTAINMENT WILL NOT BE VISIBLE TO PERSONS UNDER THE AGE OF 18 YEARS WHO MAY BE OUTSIDE THE PREMISES.

THE FLYERING POLICY WILL BE ADHERED TO.

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

PRIOR TO COMMENCING WORK IN THE PREMISES, ALL MEMBERS OF STAFF MUST COMPLETE A PERSONAL DETAILS FORM THAT IS KEPT BY THE APPLICANT. SIGHT OF THE EMPLOYEE'S PASSPORT IS REQUIRED SO THE APPLICANT CAN ASCERTAIN AND VERIFY THE EMPLOYEE'S AGE AND ENTITLEMENT TO WORK IN THE UK.

47. Describe training and welfare policies:

PLEASE SEE ATTACHED. ALL MEMBERS OF STAFF ARE TRAINED ON ALL PREMISES POLICIES ON THE COMMENCEMENT OF THEIR EMPLOYMENT ON A QUARTERLY BASIS EACH YEAR.

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:

TOPLESS FOR POLE DANCING
TOPLESS FOR STAGE STRIPTease
FULL NUDITY FOR LAP DANCING

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:

THE CODE OF PRACTICE PERFORMERS MUST ABIDE BY IS ATTACHED. THIS IS MONITORED BY MANAGEMENT/DOOR STAFF AND ALL ARE AWARE THAT CCTV IS IN OPERATION.

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 – CUSTOMERS ARE MONITORED BY MANAGEMENT/DOORSTAFF AND ARE AWARE THAT CCTV IS IN OPERATION.

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

ATTACHED. EACH DANCER IS GIVEN A COPY PRIOR TO COMMENCING ANY WORK.

53. 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

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 DETAILS OF APPLICANT AND MANAGEMENT TO BE WITHHELD FOR SECURITY REASONS.

Section 5 - CHECKLIST & ENCLOSURES

Enclosures

- I have made or enclosed payment of the fee
- I have enclosed three sets of plans of the premises
- I have enclosed a drawing of the street elevation of the premises
- I have enclosed a completed form SE5 for each person named in questions 3 to 11
- I have enclosed a completed form SE5 for the Manager and Relief Manager
- I have enclosed a copy of the company's staff welfare policy
- I have enclosed a copy of the code of practice 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 Information 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 West Yorkshire 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 thereon for a period of 21 days. A copy of the notice (SE6) and the standard declaration (SE7) 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 forwarded to Entertainment Licensing
- I understand that if I do not comply with the above requirements my application will be rejected

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 .. [REDACTED]

Date 28 SEPTEMBER 2017

Capacity SOLICITOR AND AGENT FOR THE APPLICANT
.....

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

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Post code [REDACTED]

Telephone number (if any) [REDACTED] [REDACTED]

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

[REDACTED]

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 routes 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

Please read the following instructions

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.

PERSONAL DETAILS

1. Name: [REDACTED]	
2. Former name (if any):	
3. Position in relation to applicant (i.e. director, partner, manager): [REDACTED]	
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:	
7. Have you been resident in the UK for longer than 6 months? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8. Have you ever been disqualified from holding a sex establishment licence? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
d. Personal Licence under the Licensing Act 2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please give details: [REDACTED]	

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? NO

If so please give details

14. Have you ever been disqualified from acting as a company director? Yes No

If so please give details

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 No

If so please give details

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.
PERSONAL INFORMATION FOR CONFIDENTIALITY REASONS



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SIGNATURES

Signature 

Date 

Contact phone number  Contact email 

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PERSONAL DETAILS

1. Name: [REDACTED]	
2. Former name (if any):	
3. Position in relation to applicant (i.e. director, partner, manager) [REDACTED]	
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:	
7. Have you been resident in the UK for longer than 6 months? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8. Have you ever been disqualified from holding a sex establishment licence? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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? If so, provide details of the date, convicting court, offence and penalty imposed.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>11. To your knowledge, are you currently the subject of any criminal investigate? If so please give details</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>12. Have you ever had civil legal action taken against you? If so please give details</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>13. Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement? If so please give details</p>	<p>NO</p>
<p>14. Have you ever been disqualified from acting as a company director? If so please give details</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></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? If so please give details</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>16. Is there any information in this form which 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 FOR CONFIDENTIALITY REASONS</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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.</p> <p>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</p>	
<p>SIGNATURES</p>	
<p>Signature</p>	<p>[Redacted Signature]</p>
<p>Date</p>	<p>[Redacted Date]</p>
<p>Contact phone number [Redacted]</p>	<p>Contact email [Redacted]</p>

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

Information On Individuals

Local Government (Miscellaneous Provisions) Act 1982 As Amended

Please read the following instructions

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.

PERSONAL DETAILS

1. Name: [REDACTED]	
2. Former name (if any): [REDACTED]	
3. Position in relation to applicant (i.e. director, partner, manager): [REDACTED]	
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:	
7. Have you been resident in the UK for longer than 6 months? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8. Have you ever been disqualified from holding a sex establishment licence? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
d. Personal Licence under the Licensing Act 2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please give details: [REDACTED]	

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? NO

If so please give details

14. Have you ever been disqualified from acting as a company director? Yes No

If so please give details

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 No

If so please give details

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.
PERSONAL INFORMATION FOR CONFIDENTIALITY REASONS



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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 

Date 

Contact phone number  Contact email 

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):

3. Position in relation to applicant (i.e. director, partner, manager): [REDACTED]

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:

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:

[REDACTED]

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.

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SIGNATURES

Signature [REDACTED]

Date [REDACTED] [REDACTED]

Contact phone number [REDACTED] Contact email [REDACTED]