



The Licensing Team
Environmental Health & Housing
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**APPLICATION FOR THE GRANT / RENEWAL / TRANSFER / VARIATION
OF A LICENCE FOR A SEX ESTABLISHMENT**

Form Ref: G/ES1

Data Protection

North Devon Council is the Data Controller.

This information is being collected for the purpose of processing a Licence Application with the Council (type as per application form), but may be used for the wider purpose of Planning, Licensing, Registration and Regulation. When you complete this application form, you are providing your consent for the Council to hold and use your personal information for this purpose.

The information you provide may be shared with other agencies and other departments within North Devon Council. The information may be used for research, analysis and statistical purposes, but NOT commercial marketing purposes.

The Council may wish to contact you regarding issues relevant to this Licence application. Please advise us of any change in your circumstances.

If you require this document in an alternative format, please contact us.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.

**APPLICATION FOR THE GRANT/RENEWAL/TRANSFER/VARIATION*
OF A LICENCE FOR A SEX ESTABLISHMENT**

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS)
ACT 1982, PART 2, SECTION 18

EITHER:

Part 1 – If application is made on behalf of an individual please state:

1. Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)			
Surname:			
Other name(s):			
2. Home Address:			
Postcode:			
3. Place of Birth:			
4. Date of Birth:		Age:	
5. Telephone:		Daytime:	
		Mobile:	
		Evening:	
6. Email Address:			
<i>[please give as many contact details as possible in case we need to contact you]</i>			

OR:

Part 1 – If application is made on behalf of a corporate or incorporated body please state:

7. Full Name of Body:			
8. Full Address of Registered or Principal Office:			
Postcode:			
9. Telephone:			

Part 2 – Give full names and private address of all directors or other persons responsible for management of the establishment

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)			
Surname:			
Other name(s):			
Home Address:			
Postcode:			
Place of Birth:			
Date of Birth:		Age:	
Telephone:		Daytime:	

	Mobile:	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)		
Surname:		
Other name(s):		
Home Address:		
Postcode:		
Place of Birth:		
Date of Birth:		Age:
Telephone:	Daytime:	
	Mobile:	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)		
Surname:		
Other name(s):		
Home Address:		
Postcode:		
Place of Birth:		
Date of Birth:		Age:
Telephone:	Daytime:	
	Mobile:	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)		
Surname:		
Other name(s):		
Home Address:		
Postcode:		
Place of Birth:		
Date of Birth:		Age:
Telephone:	Daytime:	
	Mobile:	
<i>[continue on a separate sheet if necessary]</i>		

Part 3 – Convictions

Have you any convictions recorded against you?
 Or if a body corporate or unincorporated body, that body or any of its directors or other persons responsible for its management?

YES/NO*

If YES, please state:

- a) All convictions must be disclosed
- b) Spent convictions, as defined below, should not be included

Date of conviction(s)	Offence	Sentence (including suspended sentence)

<i>[continue on a separate sheet if necessary]</i>		

Sentence	Becomes spent after:
Imprisonment of between 6 months and 2½ years	10 years
Imprisonment of up to 6 months	7 years
Borstal training	7 years
A fine or other sentence not otherwise covered in this table	5 years
Absolute discharge	6 months
Probation order, conditional discharge or bind over	1 year (or until order expires, whichever is the longer)
Detention Centre Order	3 years
Remand home, attendance centre or approved school order	The period of the order and a further year after the order expires
Hospital order under the Mental Health Act	The period of the order and a further 2 years after it expires
Cashiering, discharge with ignominy or dismissal with disgrace from the Armed Forces	10 years
Dismissal from Armed Forces	7 years
Detention	5 years

NOTE: A sentence of more than 2½ years imprisonment can never become spent. If you were under 17 years of age on the date of conviction, please halve the period shown in the right-hand column.

Part 4 – Questions

10. Have you been a resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?	YES/NO*
11. If the application is made on behalf of a body corporate, is that body incorporated in the United Kingdom?	YES/NO*

Part 5 – Particulars

12. Full address of premises desired to be used as a sex establishment:	
Postcode:	
13. If this application relates to a vehicle/vessel/stall give description and state where it is to be used as a sex establishment:	
14. State hours and days that you wish to trade:	

15. Are the premises to be used as a sex shop?	YES/NO*
16. Are the premises to be used as a sex cinema?	YES/NO*
17. Are the premises to be used as a sex encounter establishment?	YES/NO*
18. Are you (or, if a corporate or unincorporated body, that body) disqualified from holding a licence for a sex establishment?	YES/NO*
19. Have you ever been refused a licence for a sex establishment?	YES/NO*

Part 6 – Declaration and Checklist (please tick)

20. I/WE* confirm that, to the best of MY/OUR* knowledge, the information contained in this application is true.	<input type="checkbox"/>
21. The appropriate fee is enclosed (cheques should be made payable to North Devon Council).	<input type="checkbox"/>

Part 7 – Signature(s)

22. 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:	
Print Name:	
Capacity:	
Date:	
23. For joint applications, signature of 2 nd applicant, or 2 nd applicant's solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:	
Signature:	
Print Name:	
Capacity:	
Date:	
<i>[Where there are more than two applicants, please use an additional sheet clearly marked "Signature(s) of further applicant(s)". The sheet should include all the information requested in paragraphs 22 and 23 above.]</i>	
<i>[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]</i>	

* Delete or select as necessary.