**Licensing Team, Argus Chambers, Hall Ings, Bradford, BD1 1HX**

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

**SCHEDULE 3 – CONTROL OF SEX ESTABLISHMENTS**

**1. APPLICATION FOR THE: GRANT / VARIATION / RENEWAL / TRANSFER \* OF**

**SEXUAL ENTERTAINMENT VENUE / SEX SHOP / SEX CINEMA LICENCE \***

 \* Delete as appropriate

**2.** **Premises to be licensed:**

 a) Premises Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) Full postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 c) Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 d) Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** **Individual applicant:**

a) Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 b) Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c) Date of birth: \_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 d) Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 e) Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** **Other applicants**: (e.g. company, unincorporated body etc.):

 a) Full company / business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) Registered or principal office address: \_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Details of all directors or other persons responsible for the management of the company / business (use a separate sheet if necessary):

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Management of licensed premises:**

 Please provide full details of the persons who will manage or otherwise be involved with the running of the licensed premises (use a separate sheet if necessary)

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** **Interested persons:**

Please provide persons, other than those already specified above, who own or have an interest in the business or will benefit from the operation of the business (use a separate sheet if necessary):

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest in business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **How we use your personal information**The licensing service uses the information you have provided on this form to assess the suitability of the applicant to hold a sexual entertainment venue, sex shop or sex cinema licence and the suitability of other persons named to be involved with the management of the premises. A copy of your application will be shared with the West Yorkshire Police, so they can comment on the application. We occasionally share this information with other external partners, but only where it is necessary, lawful and fair to do so. Your information will be held securely and will be securely destroyed when it is no longer required. For more information on how we use and protect your personal information, our full privacy notice can be viewed at [www.bradford.gov.uk/licensing](http://www.bradford.gov.uk/licensing). Alternatively, you can request a copy be posted to you by contacting us on 01274 432240 or emailing licensing@bradford.gov.uk   |

**7.** **Variation application** (if applicable):

 State details of the proposed variation, if applicable (use a separate sheet if necessary):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**8. Transfer application** (if applicable):

Consent of existing licence holder:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

being the existing licence holder of the premises named at 4. above, hereby consent to the transfer of the licence to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(existing licence holder)

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9.** **Proposed opening hours:**

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**10.** **Cinematograph facilities:**

Does the premise have a cinematograph film or video preview room or are cinematograph films or video films otherwise available for previewing? Delete as appropriate.

 Yes / No

**11. Checklist and Declaration:**

 I / We declare that:

 a) The above information is correct

 b) The application fee is enclosed (cheques made payable to Bradford Council)

 c) A copy of this application has been or will today be served on the West Yorkshire Police, Licensing Section, Trafalgar House, Nelson Street, Bradford, BD5 0DX.

d) A notice publicising this application will be displayed for 21 days, beginning with the date of the application, on or near the premise and in a place where it can easily be read by members of the public.

e) Notice of the application will be given by publishing an advertisement in a local newspaper circulating the appropriate area. The publication of the Notice shall not be later than seven days after the date of application.

**Signature of applicant or applicant’s solicitor or other duly authorised agent:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES**

1. Applicants are reminded that under the Local Government (Miscellaneous Provisions) Act 1932, any persons who, in connection with an application for the grant, renewal or transfer of a Sex Establishment Licence, makes a false statement which he or she knows to be false in any material respect or which he or she does not believe to be true, shall be guilty of an offence.
2. If any changes of circumstances occur relating to the ownership, management or receipt of benefits which may accrue from the operation of the business in respect of which this application has been made, to any person(s), unincorporated or corporate body or bodies between the date of the application and the date when the application is considered, the Council must be immediately informed, in writing, of the full details.
3. Public Notice of the application must be displayed for 21 days, beginning with the date of the application, on or near the premises and in a place where the notice can easily be read by the public.
4. Notice of the application shall be published in a local newspaper circulating in the area no later than 7 days after the date of application.
5. A plan of the premises must be submitted with the application, drawn to a scale of 1:1000 showing all external and internal doors and windows and the position of the counters, display stands, booths, video / TV /film screens, exhibition areas, dance / performance / stage areas fixed seating and tables, bars / counters from which refreshments are available.

**CITY OF BRADFORD METROPOLITAN DISTRICT COUNCIL**

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

**SCHEDULE 3 – CONTROL OF SEX ESTABLISHMENTS**

 **PUBLIC NOTICE OF APPLICATION FOR**

# GRANT / VARIATION / RENEWAL / TRANSFER\* OF

# SEXUAL ENTERTAINMENT VENUE / SEX SHOP / SEX CINEMA LICENCE\*

Application has today been made by:

Name of Applicant …….

For the grant / variation / renewal / transfer\* of a Sexual Entertainment Venue /Sex Shop /

Sex Cinema\* Licence, for the premises known as

 …….

Address …….

 …….

Date …….

(\*Delete as appropriate)

**OBJECTIONS TO THIS APPLICATION SHOULD BE MADE WITHIN 21 DAYS OF THE ABOVE DATE TO:**

**DEPARTMENT OF PLACE**

**LICENSING TEAM**

**ARGUS CHAMBERS, HALL INGS**

**BRADFORD**

**BD1 1HX**

Persons wishing to object should do so in writing to the Council explaining the reasons for the objection.

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THIS NOTICE MUST BE DISPLAYED FROM THE DATE OF THE APPLICATION FOR A PERIOD OF 21 DAYS ON OR NEAR THE PREMISES IN A POSITION WHERE IT CAN EASILY BE READ BY THE PUBLIC.

 **EXAMPLE ADVERTISEMENT**

 APPLICANTS SHOULD SUBSTITUTE APPROPRIATE WORDS

 FOR THOSE APPEARING IN BRACKETS

 Application for Sex Establishment Licence

(Applicants name) applied to City of Bradford Metropolitan District Council on (date of application) for the (grant / variation / renewal / transfer) of a sex establishment licence to use the premises at (name and address of premises) as a (sex shop / sexual entertainment venue /sex cinema).

Objections should be made in writing within 21 days of the date of the application mentioned above to the Department of Place, Licensing Team, Argus Chambers, Hall Ings, Bradford, BD1 1HX.

Dated..............................................