



(Local Government Miscellaneous Provisions Act 1982, Sec 2 and Sch 3 as amended by Policing and Crime Act 2009, Sec 27, Sch 3 and Sch 7 para 3.)

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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.

I/We apply for a Sex Entertainment Venue Licence for the premises described in Part 1 below.

Part 1 – Premises Details Including Its Name

Postal address of premises or, if none, ordnance survey map reference or description	
Post Town	Postcode
Telephone number at premises:	
Daytime	
Evening	

Part 2 – Applicant Details

Please state below whether you are applying for a licence as:

Please tick ✓ Yes

- a) an individual or individuals Please complete Section A
- b) a person other than an individual
 - i. as a limited company Please complete Section B
 - ii. as a partnership Please complete Section B
 - iii. as an unincorporated association Please complete Section B
 - iv. other(eg statutory corporation) Please complete Section B

If you are completing Section B below then leave Section A blank.

SECTION A (FOR INDIVIDUAL APPLICANTS ONLY)

1. Your personal details				
TITLE (delete as appropriate): Mr / Mrs / Miss / Ms / Other (please state)				
Surname				
Forenames				
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.				
TITLE (delete as appropriate): Mr / Mrs / Miss / Ms / Other (please state)				
Surname				
Forenames				
I am 18 years old or over. Please tick ✓	Yes	No	Date of Birth	Place of Birth
National Insurance No				
Passport Details (nationality, issuing office, validity dates).				
ADDRESS WHERE ORDINARILY RESIDENT (Please provide full details of all addresses where ordinarily resident during the past 5 years)				
1.				
Post Town			Postcode	
Ordinarily resident from:			Ordinarily resident to:	
2.				
Post Town			Postcode	
resident from:			Ordinarily resident to:	
3.				
Post Town			Postcode	
Ordinarily resident from:			Ordinarily resident to:	

TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
FAX NUMBER	
EMAIL ADDRESS	

Particulars of Convictions – First Applicant

Court Code	Date of Conviction	Offence Code	Fine or Other Sentence	Comments

SECOND INDIVIDUAL APPLICANT (if applicable)

1. Your personal details				
TITLE (delete as appropriate): Mr / Mrs / Miss / Ms / Other (please state)				
Surname				
Forenames				
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.				
TITLE (delete as appropriate): Mr / Mrs / Miss / Ms / Other (please state)				
Surname				
Forenames				
I am 18 years old or over. Please tick ✓	Yes	No	Date of Birth	Place of Birth
National Insurance No				
Passport Details (issued by, validity dates).				

ADDRESS WHERE ORDINARILY RESIDENT	
(Please provide full details of all addresses where ordinarily resident during the past 5 years)	
1.	
Post Town	Postcode
Ordinarily resident from:	Ordinarily resident to:
2.	
Post Town	Postcode
Ordinarily resident from:	Ordinarily resident to:
3.	
Post Town	Postcode
Ordinarily resident from:	Ordinarily resident to:
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
FAX NUMBER	
EMAIL ADDRESS	

Particulars of Convictions – Second Applicant

Court Code	Date of Conviction	Offence Code	Fine or Other Sentence	Comments

PLEASE PROCEED TO PART 2 BELOW (I.E. LEAVE BLANK SECTION B)

SECTION B (FOR ALL OTHER TYPES OF APPLICANTS)

Please provide the name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned. Full details of all directors/partners must be given.

Name	
Registered Office/Address for service of Notices	
Company Registered number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association etc)	
Telephone number	
Email address (optional)	

Details of all Directors/Partners

Name	Address	Nationality	Date of Birth

Part 3 – Management of Premises and Style of Operation

Who will be responsible for the day to day management of the premises? Please provide details of all managerial and supervisory staff involved in the running of the premises. Further sheets are available.

1. Manager's Personal Details				
TITLE (delete as appropriate): Mr / Mrs / Miss / Ms/ Other (please state)				
Surname				
Forenames				
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.				
TITLE (delete as appropriate): Mr / Mrs / Miss / Ms / Other (please state)				
Surname				
Forenames				
I am 18 years old or over. Please tick ✓	Yes	No	Date of Birth	Place of Birth
National Insurance No				
Passport Details (issued by, validity dates).				
ADDRESS WHERE ORDINARILY RESIDENT (Please provide full details of all addresses where ordinarily resident during the past 5 years)				
1.				
Post Town			Postcode	
Ordinarily resident from:			Ordinarily resident to:	
2.				
Post Town			Postcode	
Ordinarily resident from:			Ordinarily resident to:	

3.	
Post Town	Postcode
Ordinarily resident from:	Ordinarily resident to:
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
FAX NUMBER	
EMAIL ADDRESS	

Particulars of Convictions – Manager

Court Code	Date of Conviction	Offence Code	Fine or Other Sentence	Comments

1. Supervisor's Personal Details				
TITLE (delete as appropriate): Mr / Mrs / Miss / Ms/ Other (please state)				
Surname				
Forenames				
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.				
TITLE (delete as appropriate): Mr / Mrs / Miss / Ms / Other (please state)				
Surname				
Forenames				
I am 18 years old or over. Please tick ✓	Yes	No	Date of Birth	Place of Birth
National Insurance No				

Passport Details (issued by, validity dates).	
ADDRESS WHERE ORDINARILY RESIDENT (Please provide full details of all addresses where ordinarily resident during the past 5 years)	
1.	
Post Town	Postcode
Ordinarily resident from:	Ordinarily resident to:
2.	
Post Town	Postcode
Ordinarily resident from:	Ordinarily resident to:
3.	
Post Town	Postcode
Ordinarily resident from:	Ordinarily resident to:
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
FAX NUMBER	
EMAIL ADDRESS	

Particulars of Convictions – Supervisor

Court Code	Date of Conviction	Offence Code	Fine or Other Sentence	Comments

Particulars of Other Managerial/Supervisory Staff

Name	
Address	
Date of Birth	
Place of Birth	
National Insurance No.	
Passport Details	
Telephone number (if any)	
Email address (optional)	

Particulars of Convictions – Other Managerial/Supervisory Staff

Court Code	Date of Conviction	Offence Code	Fine or Other Sentence	Comments

Part 4 – Operating Schedule

When do you want the licence to start?	
If you wish the licence to be valid only for a limited period, when do you want it to end?	

Hours Premises are open to the Public		
	Start	Finish
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Detail of any non-standard or seasonal variations:		

Please give a general description of the premises, including the following information.

Style of Operation

Management Structure

Experience of running similar establishments (full details to be provided)

Details of welfare provisions for performers

How you intend to address the Conditions in Bedford Borough Council's Policy for Sex Establishment Venues

Continued below

Continued from above

Part 5 – Plan of the Premises

Please provide a copy of a plan of the premises at least to scale 1:100.

Please give details of all advertisements or signs on or in the premises which may be visible from public areas.

Part 6 – Previous Licence

Have any of the applicants or others associated with the applicants previously held a licence for a Sex Establishment? **YES/NO**

If yes, please give details including Licensing Authority

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Have any of the applicants or others associated with the applicants ever been refused a licence for a Sex Establishment? **YES/NO**

If yes, please give details

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Part 7 - Checklist:

I have

Please tick ✓

1. Enclosed two photographs of myself (and for every person whose details have been included in this application) one of which is endorsed as a true likeness by a solicitor or notary, a person of standing in the community or any individual with a professional qualification.	
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2. Enclosed a set of plans to scale 1:100	
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3. Sent (or I will send) a copy of this application to The Chief Officer, Bedfordshire Police within 7 days of today's date.	
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4. Made or enclosed payment of the fee for this application.	
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8 - Declaration

The information contained in this form is correct to the best of my knowledge and belief.

It is an offence, knowingly or recklessly, to make a false statement in or in connection with an application for the grant, renewal or variation of a Sex Entertainment Venue Licence. (A person is to be treated as making a false statement if he/she produces, furnishes, signs or otherwise makes use of a document that contains a false statement.) To do so could result in prosecution and a fine not exceeding [£20000].

SIGNATURE**DATE**

Freedom of Information - Information held by the Council may need to be disclosed in response to a request for it within the terms of the Freedom of the Information Act 2005. This information excludes that which is in any other way already in the public domain.

Please return the form to:-

Licensing
Democratic and Registration Services
Bedford Borough Council
3rd Floor Borough Hall
Bedford
MK42 9AP

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant.
2. Please give timings in 24 hour clock (e.g. 1600) and only give details for the days of the week when you intend the premises to be used for the activity.
3. The application form must be signed.
4. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
6. The policy for Licensing Sex Entertainment Venues in Bedford Borough Council's Area must be read in conjunction with this application.

Data Protection Privacy Advice

Through the relevant application/notice forms, accompanying documentation and payment facilities associated with this licensing function the Council (the data controller) collects personal data. Personal data may also be collected in respect of further related requests for information from the applicant/person submitting the notice. This is necessary for the performance of legal obligations on it in respect of the relevant licensing function or otherwise necessary for the performance of a task carried out in the public interest or in the exercise of official authority. These also form the basis for the further processing of the personal data by the Council in connection with the application/notice, any determination of the same and any subsequent authorisation/appeal and issues that arise during the period of the authorisation/appeal. Beyond that, the Council will retain the records for 5 years and then destroy them securely. The Council will maintain and retain public registers and these are not destroyed. The Council may from time to time extract information itself from those public registers. The Council will share with and receive information from the following:

- Statutory Consultees (as defined by legislation)
- Ward Councillors and Parish Councillors (where appropriate)
- Responses to the Public Notice

In respect of data subjects who are applicants/notice givers and those who hold authorisations. It holds the personal data in a way designed to secure it from unauthorised use, loss or destruction. These measures include recruitment and training of staff, procurement of services and physical/cyber security. The Council's privacy statement for this function is available at www.bedford.gov.uk or upon request from the Council using the address and telephone contact details elsewhere on this form. The Council will update its privacy statement from time to time and you are urged to read that statement. You have information rights that are explained at <https://tinyurl.com/y7uccndm>. You can exercise your information rights by contacting the Council's Data Protection Officer at dpo@bedford.gov.uk or writing to Information Governance, Bedford Borough Council, Borough Hall, Cauldwell Street, Bedford MK42 9AP (Telephone (01234) 267422). If you believe that the Council has failed to comply with its data protection obligations you may contact the ICO at 0303 123 1113 or at www.ico.org.uk. Further contact details are available upon request.