

Main Offices CHELTENHAM BOROUGH COUNCIL MUNICIPAL OFFICES PROMENADE CHELTENHAM GL50 1PP

email: licensing@cheltenham.gov.uk www.cheltenham.gov.uk

LICENCE APPLICATION

NOTE Please read the explanatory notes attached before completing this application form

Local Government (Miscellaneous Provisions) Act 1982 Schedule 3 APPLICATION FOR A SEXUAL ENTERTAINMENT VENUE LICENCE

PLEASE NOTE

SECTION A		THE RESERVE	
Application type	(please tick ✓)	☑New application ☐Transfer of licence	☐Renewal of existing licence
If renewal please sta licence number	ate existing		
Applicant's details: Surname		Burrows	
Forename(s)		Steven Jahn	

Date of birth [dd/mm/yyyy]

National Insurance number

Daytime telephone number

Fax number

Email address		
Agent acting on behalf of applicant (eg solicitor) if applicable:	Solicitor	
Name of agent:	Roger H Bishop	
Address of agent:	Wall James Chappell 15-23 Hagley Road Staurbridge Post code Dy8 (QW)	
Daytime telephone number of agent	01384 371 622	
Email address of agent	r. bishop @ wiclaw. co.uk	
Name under which the business is to be known and traded as	Red Apple Associates Ltd	4 .,
Address of premises for which this application is made	Two Pigs Church Street Cheltenham Gloucestershire Post code Cu 50 240	
For what purpose do you intend to use this premises? eg sex shop, sex entertainment venue	Sexual entertainment venue	
Do you have planning consent to use the premises stated above for the purpose intended? (please provide details, and forward appropriate documentation to evidence this)	NA	
If this application relates to a vehicle, vessel or stall please give description (including site to be situated on)		
Proposed days and hours of operation	□Sunday - from until	hours
(please tick ✓ and specify times for each day using the 24 hour clock) eg: 23:00 that day or 02:00 on the	□Monday - from until □Tuesday - from until	hours
day following	□Wednesday -from until	hours
See attached	☐Thursday - from until	hours
	□Friday - from until	hours

	☐Saturday - from	until	hours
Have you ever been convicted by a Court for any offence which is not now spent under the terms of the Rehabilitation of Offenders Act 1974?	☐ Yes ☑ No (please tick ✓ as appropriate)		
If Yes, please give details All unspent convictions must be disclosed (if renewal application, since you last applied for a licence)		(please continue on necessary)	a separate sheet if
Date of Conviction	Name of Convicting Court	Nature of	Offence
Are there any criminal proceedings against you pending?	☐ Yes ☑ No (please tick ✓ as appropriate)		
If Yes , please give full details including date of hearing and name of Court			
Have you been a director or company secretary of a company involved in the ownership or operation of a sexual entertainment venue licence previously?	☐ Yes ☑ No (plesse tick ✓ as appropriate)		
If yes, please give details			
Were there any convictions recorded against that company?	☐ Yes ☑ No (please tick ✓ as appropriate)		
f yes, please give details			

SECTION B	To be comp	leted if the applicant is	a company
Company name	Red Ar	ple Associate	s (td
Company address	Brunei George	House Street	
	Glaicest		
Company telephone number	01684	273 875	
Company fax number			
Company email address	curapear	nevents @ live. Co	m
Full names and private add the company:		other persons responsible	for management of
Name 1	Name:	2 Name:	3
Steven John Bur Address:	Address:	Address	K.
	Post Code:	Post Co	de:
	Date of birth:	the state of the s	and the second s
	National Insu	rance no. National	Insurance no.
Any convictions recorded a	gainst that person or thos	e persons	
Name and date of conviction	Name of convicting Court	Nature of offence	Sentence (if imposed)
A			<u> </u>
Are there any criminal proce against that person or those pending?		(please tick ✓ as appropria	ľ No le)

If Yes, please give full details including date of hearing and name of Court

SECTION C

Declaration

All new and variation applications for sexual entertainment venue licences are considered by the Licensing Committee. Opposed applications for renewal and/or transfer will also be considered by the Licensing Committee. The applicant and/or their representative are required to attend the meeting of the Licensing Committee at which their application is due to be considered to speak in support of their application. They should be prepared to answer any questions which the Licensing Committee may wish to ask.

PLEASE NOTE

This application must be signed by the applicant personally or, in the case of a company, by a director or other duly authorised agent of the company.

I/We confirm that the contents of this application are true and correct.

I/We agree that if a licence is granted by Cheltenham Borough Council for a sexual entertainment venue licence, that I/we will comply with all Acts, Byelaws, Regulations and Conditions relating thereto and for the time being in force.

I/We understand that non-compliance with any relevant Acts, Bylaws, Regulations and Conditions will prejudice the continuance of any licence granted.

I/We understand that the council may utilise the information contained herein for internal purposes and may disclose the information to persons or organisations in accordance with the council's registration under the Data Protection Act 1998.

I/We, the undersigned, hereby apply for registration as a sexual entertainment venue licence within the Borough of Cheltenham and I/we declare that to the best of my/our knowledge and belief the foregoing statements are true and correct.

I/We understand that this licence will expire 1 year after it has first been granted or after a period of time decreed by the Licensing Committee, and a newly completed application form will need to be submitted to the local authority two months before the expire of the existing licence, together with the licence fee current at that time.

I/We further understand that once the completed application form has been submitted it will be submitted to environmental health, planning, building control and community safety officers of Cheltenham Borough Council together with the local police, fire service, parish councils, ward members or any other interested party for comment.

I/We understand that I/we must submit a copy of this application form to the chief officer of police for the area in which the premises are located and all other Responsible Authorities.

Sign	nature of applicant	
Nam	10 (8) IN BLOCK CAPITALS STEVEN JOHN BURROWS	
	acity in which application is signed <u>Director</u> note above)	
Date	27/9/16	
How	to apply for a sexual entertainment venue licence	
This a	application and the appropriate supporting documentation should be forwarded to the Licensing at the address on the front of this form.	
Pleas applic	se read the guidance notes that accompany this application form. Failure to comply with the cation procedure could result in a licence not being granted.	1
The fo	ollowing are required in order to proceed with the application:- please tick the boxes below ✓ to confirm you have sent th	em
	Application form (all sections completed)	V
*	Copies of plans delineating the specific rooms or premises to which this application relates, with escape routes (in case of emergency) indicated.	V
=	Copies of a location plan showing the vicinity of the proposed premises with the premises themselves clearly marked.	V
2	Planning consent documentation as confirmation that you have permission to use the premises for the purpose for which you are making this application.	
-	Any additional information in support of the application.	
	What you need to show to establish your identity This will be required from the applicant named in Section A	
	 Driving Licence original(s) for inspection (paper and photo card counterpart) which will be photocopied by an officer from Licensing Team. If you do not have a valid photo card driving licence then a valid passport must be shown to the Licensing Officer. 	
	If none of the above are available then please supply one of the following original documents- Original birth certificate (or similar official document if born outside UK) P45 / P60 Statement Marriage certificate, passport	Ø

If you have any queries or require assistance in completing the application form, please contact our Licensing Team at the address on the front of this form, or telephone 01242 775200.

Proposed days and hours of operation are to be during Cheltenham Racecourse Festival dates

During the Showcase, Open and International, proposed opening hours will be 8pm to 4am.

During the Cheltenham Festival for 13-18 March, proposed opening hours will be 5pm to 5am