



Main Offices  
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## 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

All applicants must complete Section A.  
Section B to be completed if applicant is a company.  
All applicants must sign declaration in Section C.

#### SECTION A

Application type (please tick ✓)  New application  Renewal of existing licence  
 Transfer of licence  Variation of licence

If renewal please state existing licence number

16. 01471 SEXA

Applicant's details:  
Surname

BURROWS

Forename(s)

STEVEN JOHN

Address:

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:

RYGER BISHOP

Address of agent:

WALL JAMES CHAPPEL

15-23 HAGLEY ROAD

STURBRIDGE

Post code

DM8 1GW

Daytime telephone number of agent

01358 371622

Email address of agent

r.bishop@rygerbishop.co.uk

Name under which the business is to be known and traded as

RYGER BISHOP ASSOCIATED LTD

Address of premises for which this application is made

TWO AGS

CHURCH STREET

CHILTERNHAM

GLoucestershire

Post code

GL50 3HA

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)

YES

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

(please tick ✓ and specify times for each day using the 24 hour clock)

eg: 23:00 that day or 02:00 on the day following

- Sunday - from                      until                      hours
- Monday - from                      until                      hours
- Tuesday - from                      until                      hours
- Wednesday - from                      until                      hours
- Thursday - from                      until                      hours
- Friday - from                      until                      hours

See attached

New Year's Day – 8pm – 5am

Festival Trials Day – January 27<sup>th</sup> 2018 – 8pm – 5am

The Festival – 13<sup>th</sup> March – 16<sup>th</sup> March 2018 inclusive – 6pm – 5am

The April Meeting – 18<sup>th</sup> -19<sup>th</sup> April 2018 inclusive – 8pm – 5am

Hunter Chase Evening – 4<sup>th</sup> May 2018 – 8pm – 5am

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 a separate sheet if necessary)

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  
(please tick ✓ as appropriate)

If **yes**, please give details

Were there any convictions recorded against that company?

Yes  
 No  
(please tick ✓ as appropriate)

If **yes**, please give details

**SECTION B**

To be completed if the applicant is a company

Company name

RED APPLE ASSOCIATES LTD

Company address

BRONNIE HOUSE

GREENE STREET

GLoucester

Post code GL1 1BZ

Company telephone number

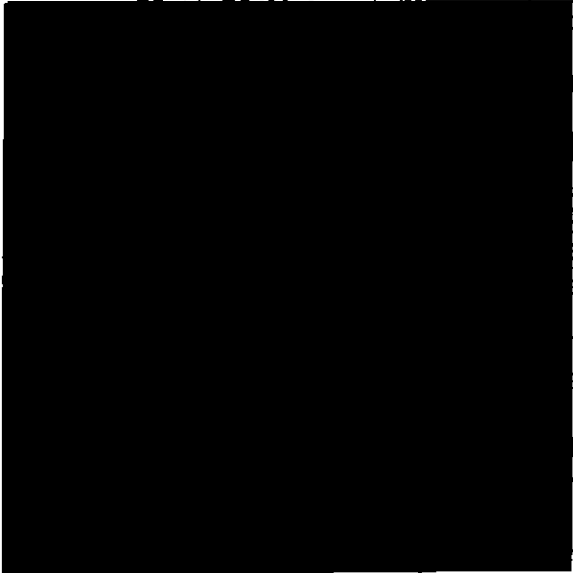
01684 273 575

Company fax number

Company email address

~~europenevents@live.com~~ europeanevents@live.co.uk

Full names and private addresses of all directors or other persons responsible for management of the company:

1	2	3
Name	Name:	Name:
Steven John Burrows		
	Address:	Address:
	Post Code:	Post Code:
	Date of birth:	Date of birth:
	National Insurance no.	National Insurance no.

Person or those persons

of ting rt	Nature of offence	Sentence (if imposed)

Are there any criminal proceedings against that person or those persons pending?

Yes

No

(please tick ✓ as appropriate)

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, Byelaws, 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.

Signature of applicant (s) \_\_\_\_\_

Name (s) in BLOCK CAPITALS

STEVEN JOHN BURROWS

Capacity in which application is signed \_\_\_\_\_

(see note above)

Date

3 / 08 / 2017

**How to apply for a sexual entertainment venue licence**

This application and the appropriate supporting documentation should be forwarded to the Licensing Team at the address on the front of this form.

**Please read the guidance notes that accompany this application form.** Failure to comply with the application procedure could result in a licence not being granted.

The following are required in order to proceed with the application:-

please tick the boxes below ✓ to confirm you have sent them

- **Application form** (all sections completed)
- **Copies of plans** delineating the specific rooms or premises to which this application relates, with escape routes (in case of emergency) indicated.
- **Copies of a location plan** showing the vicinity of the proposed premises with the premises themselves clearly marked.
- **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

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.