



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

Tel: 01242 775200
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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

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

18/00715/SEX

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

INFO@EROTICATS.CO.UK

Agent acting on behalf of applicant
(eg solicitor) if applicable:

SOLICITOR

Name of agent:

ROGER BISHOP

Address of agent:

WALL JAMES CHAPPELL

15-23 HAGLEY ROAD

STURBRIDGE

Post code

DY8 1QW

Daytime telephone number of agent

01354 371622

Email address of agent

rhb@wjc.law.co.uk

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

RED APPLE ASSOCIATES LTD

Address of premises for which this
application is made

TWO PIGS

CHURCH STREET

CHELTONHAM

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

SEE ATTACHED

<input type="checkbox"/> Sunday -	from	until	hours
<input checked="" type="checkbox"/> Monday -	from	until	hours
<input type="checkbox"/> Tuesday -	from	until	hours
<input type="checkbox"/> Wednesday -	from	until	hours
<input type="checkbox"/> Thursday -	from	until	hours
<input type="checkbox"/> 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 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

Unit 3 AMBROSE HOUSEMETEER COURT, BARNETT WAYBARNWOOD, GLOUCESTER

Post code

GL4 3GG

Company telephone number

01684 273 895

Company fax number

Company email address

europenevents@live.com

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

1	2	3
Name	Name:	Name:
<u>STEVEN JOHN BURROWS</u>		
Address:	Address:	Address:
	Post Code:	Post Code:
	Date of birth:	Date of birth:
	National Insurance no.	National Insurance no.

Any convictions recorded against that person or those persons

Name and date of conviction	Name of convicting Court	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 DIRECTOR
(see note above)

Date 30/04/2019

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.