



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

Tel: 01242 775200
 Fax: 01242 264210
 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 ✓)

<input checked="" type="checkbox"/> New application	<input type="checkbox"/> Renewal of existing licence
<input type="checkbox"/> Transfer of licence	<input type="checkbox"/> Variation of licence

If renewal please state existing licence number

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

EUROPEANEVENTS@live.co.uk

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

Name of agent:

VIC YOUNG

Address of agent:

WALL JAMES HARPER

15-23 HAGLEY ROAD

STURBRIDGE

Post code

DY8 1QW

Daytime telephone number of agent

01384 571622

Email address of agent

vy@wjcaw.co.uk

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

EUROPEAN EVENTS CONSULTANTS LTD

Address of premises for which this application is made

~~CONVERT CLUB~~ CLUB COVERED

12-14 BATH ROAD

CHELTENHAM

Post code

GL53 7HA

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 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

EUROPEAN EVENTS CONSULTANTS LIMITED

Company address

UNIT 3 AMBROSE HOUSE, METEOR COURT,
BARNETT WAY, BARNWELL,

Post code

GL4 3GG

Company telephone number

01684 273875

Company fax number

Company email address

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:
<u>STEVEN JOHN BIRKOWS</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)
	<u>NONE</u>		

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 17.12.2019

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.

Proposed Hours of Operation

Tuesday 10th March 2020 2000 – Wednesday 11th March 0400

Wednesday 11th March 2020 2000 – Thursday 12th March 2020 0400

Thursday 12th March 2020 2000 – Friday 13th March 2020 0400

Friday 13th March 2020 2000 – Saturday 14th March 2020 0400