



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 ✓) New application Renewal of existing licence
 Transfer of licence Variation of licence

If renewal please state existing licence number

20/01/50/SEX

Applicant's details:
Surname

BURROWS

Forename(s)

STEVEN JOHN

Address:

[REDACTED]

Post Code:

[REDACTED]

Date of birth [dd/mm/yyyy]

[REDACTED]

National Insurance number

[REDACTED]

Daytime telephone number

Fax number

Email address



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

VIC YOUNIS - SOLICITOR

Name of agent:

VIC YOUNIS

Address of agent:

WALL JAMES CHAPPEL

15-23 HAGLEY ROAD, STURBRIDGE

WEST MIDLANDS

Post code DY8 1AW

Daytime telephone number of agent

01384 371622

Email address of agent

vy@wjlaw.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

MURCH STREET

CHELTENHAM

GLoucestershire

Post code GL50 3HA

For what purpose do you intend to use this premises?

eg sex shop, sex entertainment venue

SEX 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)

N/A

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.

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

APDIE ANTI-DOT (LIMITED)

SECTION B To be completed if the applicant is a company

Company name RED APPLE ASSOCIATED ASSOCIATES LTD

Company address Unit 3 Ambrose House
METCAL COURT, BARNETT WAY
BARNWOOD, GLOUCESTER
 Post code GL4 3GG

Company telephone number 01684 273 875

Company fax number _____

Company email address europaevents@live.co.uk

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

1	2	3
Name <u>STEVEN JONN BURLINGS</u>	Name:	Name:
Address: [REDACTED]	Address:	Address:
Post Code: [REDACTED]	Post Code:	Post Code:
Date of birth: [REDACTED]	Date of birth:	Date of birth:
National Insurance no. [REDACTED]	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

N/A

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.

against that person or those persons pending?

(please tick ✓ as appropriate)

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

Click here to enter text.

SECTION C Declaration

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 sex establishment 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.

This authority is obligated to process information fairly and lawfully. I understand that the council will process the information I have provided on this form in accordance with the relevant privacy statement available at <https://www.cheltenham.gov.uk/your-data>.

I/We, the undersigned, hereby apply for registration as a sex establishment 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 understand that I/we must submit a copy of this application form to the chief officer of police for the area in which

Signature of applicant (s) _____

Name (s) in BLOCK CAPITALS _____ Click here to enter text. *S. Bullocks*

Capacity in which application is signed _____ DIRECTOR _____
(see note above)

Date _____ Click here to enter text. *18/8/21*

How to apply for a sex establishment licence

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

RENEWAL TO LICENCE NUMBER: 20/01150/SEXR

The Festival

Monday 14th March 2022 – 8pm – Tuesday 15th March 2022 – 5am

Tuesday 15th March 2022 – 6pm – Wednesday 16th March 2022 – 5am

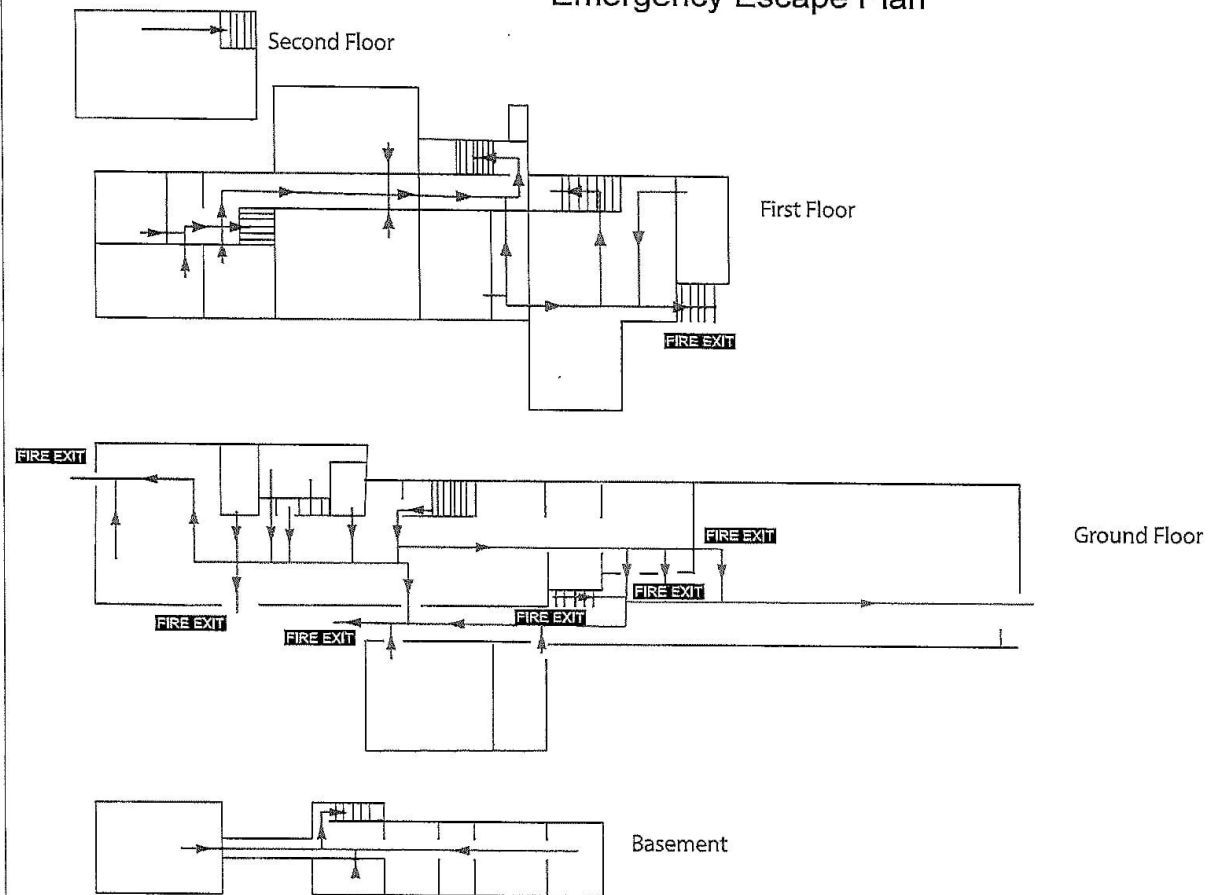
Wednesday 16th March 2022 6pm – Thursday 17th March 2022 – 5am

Thursday 17th March 2022 6pm – Friday 18th March 2022 – 5am

Friday 18th March 2022 6pm – Saturday 19th March 2022 – 5am

Saturday 19th March 2022 – 8pm – Sunday 20th March 2022 5am

The Two Pigs Emergency Escape Plan



NOTES:
All dimensions must be checked on site and not scaled from the drawing.

Rev	Date	Revisions



A&E Fire Equipment Ltd
Unit 4
Bamfurlong Industrial Park
Staverton
Cheltenham
Gloucestershire
GL51 6SX
Tel: (01452) 712021
Fax: (01452) 714417
e: info@am-fire.co.uk

Dwg title: Floor Plan

Client: The Two Pigs

Job Title: Whole Building

Drawing title: Emergency Escape Plan

Scale: N/A Date: 22/09/2016

Approved by: ES Drawn by: AL

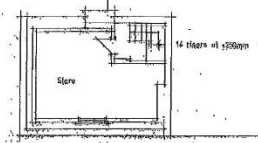
Dwg No: 1670AL Rev: A

Appendix D - Plan showing the location of the premises

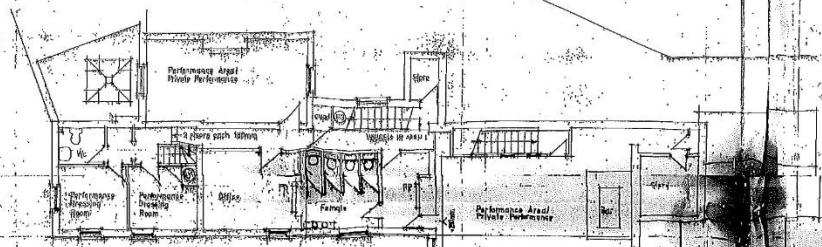


BS accuracy of this drawing should be unless and all critical dimensions be taken on site.

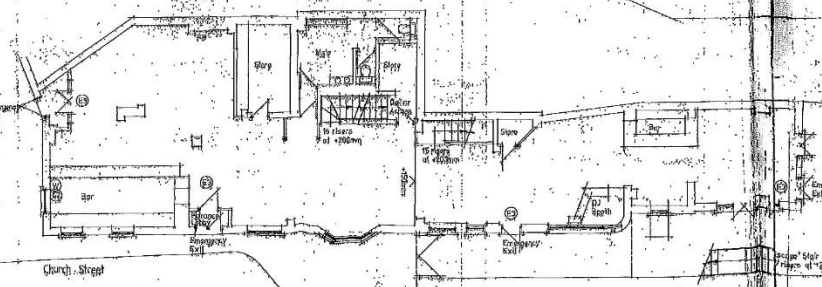
in extinguisher path of alarm panel SWIFT sign with hand arrow



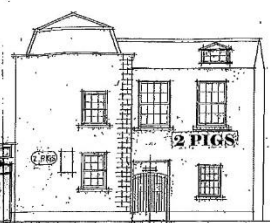
ATTIC FLOOR PLAN
1:100



FIRST FLOOR PLAN
1:100



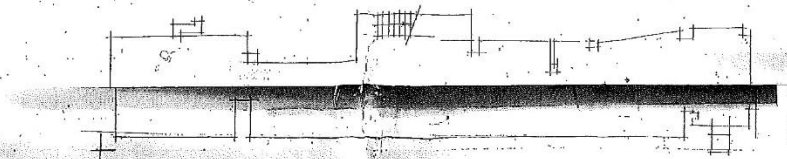
GROUND FLOOR PLAN
1:100



NORTH EAST ELEVATION
1:100



NORTH WEST ELEVATION
1:100



CELLAR FLOOR PLAN
NTS

REVISIONS