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| GBC logo |
| APPLICATION FOR THE GRANT OF A LICENCE FOR A SEX ESTABLISHMENT OR A SEXUAL ENTERTAINMENT VENUE**Data Protection** Gravesham Borough Council is the Data Controller. Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998.We will use the information you have provided in connection with the administration of Licensing.We may lawfully disclose information to other public sector agencies to: 1. prevent or detect fraud and any other crime;
2. support national fraud initiatives;
3. protect public funds;
4. progress your request for service.

We may also use basic information about you, e.g. name and address, in other areas of service provision at Gravesham Borough Council if this: 1. helps you to access our services more easily;
2. promotes the more efficient and cost-effective delivery of services;
3. helps us to recover monies that you owe us.

We will not use your personal information in a way that may cause you unwarranted detriment.If you require this document in an alternative format, please contact us. |

## PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.

**Gravesham Borough Council processes personal data consistent with the General Data Protection Regulation and Data Protection Act 2018.  For more information about how the Council processes your personal data please see the privacy notice on our website at:** [**www.gravesham.gov.uk/privacy**](http://www.gravesham.gov.uk/privacy)

## APPLICATION FOR THE GRANT/RENEWAL OF A LICENCE FOR A SEX ESTABLISHMENT OR A SEXUAL ENTERTAINMENT VENUE

## LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS)

## ACT 1982, SCHEDULE 3.

POLICING AND CRIME ACT 2009, section 27.

EITHER:

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| Part 1 – If application is made on behalf of an individual please state: |
| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Dr [ ]  Other *(please specify)*       |
| Surname:  |       |
| Other name(s): |       |
| Home address: |       |
| Postcode:  |       |
| Place of birth: |       |
| Date of birth: |       | Age: |       |
| Telephone: | Daytime:  |       |
|  | Mobile:  |       |
|  | Evening:  |       |
| Email address:  |       |
|  *[please give as many contact details as possible in case we need to contact you]* |

OR:

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| Part 1 – If application is made on behalf of a corporate or incorporated body please state: |
| Full name of body:  |       |
| Full address of registered or principal office: |       |
|  Postcode:  |       |
| Telephone: |       |
| Email address: |       |

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| Part 2 – Give full names and private address of all directors or other persons responsible for management of the establishment |
| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Dr [ ]  Other *(please specify)*       |
| Surname:  |       |
| Other name(s): |       |
| Position in company (manager/company secretary etc.): |       |
| Home address: |       |
| Postcode:  |       |
| Place of birth: |       |
| Date of birth: |       | Age: |       |
| Telephone: | Daytime:  |       |
|  | Mobile:  |       |
| Email address: |       |
| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Dr [ ]  Other *(please specify)*       |
| Surname:  |       |
| Other name(s): |       |
| Position in company (manager/company secretary etc.): |       |
| Home address: |       |
| Postcode:  |       |
| Place of birth: |       |
| Date of birth: |       | Age: |       |
| Telephone: | Daytime:  |       |
|  | Mobile:  |       |
| Email address: |       |
| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Dr [ ]  Other *(please specify)*       |
| Surname:  |       |
| Other name(s): |       |
| Position in company (manager/company secretary etc.): |       |
| Home address: |       |
| Postcode:  |       |
| Place of birth: |       |
| Date of birth: |       | Age: |       |
| Telephone: | Daytime:  |       |
|  | Mobile:  |       |
| Email address: |       |
| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Dr [ ]  Other *(please specify)*       |
| Surname:  |       |
| Other name(s): |       |
| Position in company (manager/company secretary etc.): |       |
| Home address: |       |
| Postcode:  |       |
| Place of birth: |       |
| Date of birth: |       | Age: |       |
| Telephone: | Daytime:  |       |
|  | Mobile:  |       |
| Email address: |       |
| *[continue on a separate sheet if necessary]* |

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| Part 3 – Convictions |
| Have you any convictions recorded against you?Or if a body corporate or unincorporated body, that body or any of its directors or other persons responsible for its management?\*If YES, please state: 1. All convictions must be disclosed
2. Spent convictions, as defined below, should not be included
 |
| Date of conviction(s) | Offence | Sentence (including suspended sentence) |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| *[continue on a separate sheet if necessary]* |

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| **Part 3 - Convictions To Be Declared In Respect Of Applications Sex Establishment Licence** |

If you have been convicted of any of the following offences and they are "unspent" they must be declared on the application form:-

1. Sexual offences.
2. Offences involving obscenity.
3. An offence involving the use, possession or supply of any drug.
4. An attempt, incitement or conspiracy to commit any of the above offences.

The Rehabilitation of Offenders Act 1974 provides that after a certain period of time, convictions for offences are to be regarded as "spent". Set out below are some examples of when convictions become "spent". Please note it is from the date of **conviction** that the time commences. The periods of time which must elapse in other cases before the conviction becomes "spent" may vary considerably according to the nature of the offence and other circumstances. The rehabilitation period may, for example, be extended by the commission of a further offence during the rehabilitation period.

Further guidance on this may be obtained from the Home Office publication "A Guide to the Rehabilitation of Offenders Act 1974", available for reference at the Licensing Authority or from a solicitor.

**The rehabilitation periods for sentences with additional “buffer periods” which run from the end date of the sentence are shown in the table below:**

|  |
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| **New rehabilitation periods introduced by the Police, Crime, Sentencing and Courts (PCSC) Act 2022** |
| **Sentence/disposal** | **Rehabilitation Period**Buffer period for adults (18 and over at the time of conviction or the time the disposal is administered). This applies from the end date of the sentence (including the licence period). |
| Custodial sentence\* of under 1 year | 12 months |
| Custodial sentence of between 1 year and 4 years | 4 years |
| Custodial sentence of more than 4 years\*\* | 7 years |

\*Custodial sentence includes a sentence of imprisonment (both an immediate custodial sentence and a suspended sentence), a sentence of detention in a young offender institution, a sentence of detention under section 91 of the Powers of Criminal Courts (Sentencing) Act 2000, a sentence of detention under section 250 of the Sentencing Act 2020, a Detention and Training order, a sentence of corrective training and a sentence of Borstal training.

\*\*Excluding serious violent, sexual, or terrorist offences

**The following table sets out the rehabilitation period for sentences which do not have**

**“buffer periods” and for which the rehabilitation period runs from the date of conviction:**

|  |  |
| --- | --- |
| **Sentence/disposal** | **Rehabilitation Period** |
| Community order / Youth Rehabilitation Order | Period of the order |
| Fine | 1 year |
| Conditional discharge | Period of the order |
| Absolute discharge | None |
| Conditional caution and youth conditional caution | 3 months or when the caution ceases to have effect if earlier |
| Simple caution and youth caution | Spent immediately |
| Compensation order | On the discharge of the order (i.e. when it is paid in full) |

**Offences under HM Services** - please enquire at the Licensing Authority for periods of rehabilitation.

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| Part 4 – Questions |
| 1. Have you been a resident in the United Kingdom throughout a period of six months immediately preceding the date of this application?
 | \* |
| 1. If the application is made on behalf of a body corporate, is that body incorporated in the United Kingdom?
 | \* |

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| Part 5 – Particulars |
| 1. Full address of premises desired to be used as a sex establishment:
 |       |
|  Postcode: |       |
| 1. If this application relates to a vehicle/vessel/stall give description and state where it is to be used as a sex establishment:

      |
| 1. State hours and days that you wish to trade:

      |
| 1. Are the premises to be used as a sex shop?
 | \* |
| 1. Are the premises to be used as a sex cinema?
 | \* |
| 1. Are the premises to be used as a sexual entertainment venue?
 | \* |
| 1. Are you (or, if a corporate or unincorporated body, that body) disqualified from holding a licence for a sex establishment?
 | \* |
| 1. Have you ever been refused a licence for a sex establishment?
 | \* |
| 1. If you are seeking to vary the licence, what does the variation consist of?
 |       |

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| Part 6 – Declaration and Checklist (please tick) |
| 1. \* confirm that, to the best of \* knowledge, the information contained in this application is true.
 | [ ]  |
| 1. The appropriate fee is enclosed
 | [ ]  |
| 1. I have enclosed a plan of the premises
 | [ ]  |
| 1. Where the application has been made in paper format I understand that I must also send a copy of the application to the appropriate Chief Officer of Police not later than 7 days after the date of application.

I understand that where the application has been made by means of a relevant electronic facility it will be the responsibility of appropriate authority to send a copy of an application to the Chief Officer of Police. | [ ]  |

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| Part 7 – Signature(s) |
| 1. Signature of applicant or applicant’s solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity:
 |
| Signature:  |       |
| Print Name:  |       |
| Capacity:  |       |
| Date:  |       |
| 1. For joint applications, signature of 2nd applicant, or 2nd applicant’s solicitor or other authorised agent. If signing on behalf of the applicant, please state in what capacity:
 |
| Signature: |       |
| Print Name:  |       |
| Capacity: |       |
| Date:  |       |
| *[Where there are more than two applicants, please use an additional sheet clearly marked “Signature(s) of further applicant(s)”. The sheet should include all the information requested in paragraphs 16 and 17 above.]* |
| *[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person’s written signature.]* |