



Application to Transfer a Sex Establishment Licence

Type of premise:

Sex shop

Sex cinema

Sexual entertainment venue

I/We

(Insert names of applicant - Please see Guidance Note 1)

Apply for the transfer of a sex establishment licence for the premises described in Part 1 below in accordance with Schedule 3, Local Government (Miscellaneous Provisions) Act 1982

Postal Address (inc. trading name, post code and telephone number)

Existing Licence Number:

Applicant details:

Please state whether you are applying for a licence as:

- a) Individual or individuals Please complete Part A
- b) As a limited company Please complete Part B
- c) As a partnership Please complete Part B
- d) As an unincorporated association Please complete Part B
- e) Other (e.g. a statutory corporation) Please complete Part B

Part A - Individual Applicant Details

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other Title	
Surname	First name(s)
Date of Birth	
Current postal address Inc Postcode	
Telephone Number:	
E-mail address (optional)	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other Title	
Surname	First name(s)
Date of Birth	
Current postal address Inc Postcode	

Part B - Other Applicants

Please provide name and registered address of applicant in full
Where appropriate please give any registered number

Name	
Address inc post code	
Registered number	
Description of applicant (e.g. partnership limited company etc.)	
Telephone Number	
E-mail address (optional)	

Applicant History

Has any person or the corporate or unincorporated body referred to in this application:

a) Holds or has held a sex establishment licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Been disqualified from holding any licence for a sex establishment ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Been refused the grant/renewal/transfer of a licence for a sex establishment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Been the holder of a sex entertainment licence when that licence has been revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to any of the above please provide details	

Part 3

Declaration

I/We

Enclose the fee (Please make payable to Dover District Council)

Enclose evidence of identity (containing a photograph) in respect of each applicant

Enclose either a criminal record certificate or criminal conviction certificate in respect of each applicant

Understand that if the above requirements have not been complied with my/our application will be rejected

Confirm that the information supplied in this application is true to the best of my/our knowledge and belief

Understand that the information given may be used in conjunction with other authorities for the prevention and detection of fraud, and will be held on computer subject to the Data Protection Act 1998

It is an offence liable on conviction to a fine not exceeding Level 5 on the standard scale to make a false statement in or in connection with this application

Signature(s)	
Date	
Capacity	
Contact Details	
Name	
Address inc Post Code	
Telephone	
E-mail	

Notes for Guidance

1. Insert the names of all individual applicants/ or partners or the trading name under which the business operates
2. Include the full postal address (inc. the name by which the premises to be used as a sex establishment is to be known)
3. Full name and date of birth of each individual who is the applicant/partner or director must be supplied together with photographic identification (e.g. original passport or photocard driving licence).
4. The application form must be signed. The applicants agent (e.g. solicitor or licensing consultant) may do so on behalf of the applicant provided they have written authority to do so. A copy of such authority must be submitted with the application
5. Copies of the application must be submitted to:
 - a), The Licensing Section. Dover District Council, White Cliffs Business Park, Dover CT16 3PJ
 - b) The Chief Officer of Police, Police Station, Bouverie Road West, Folkestone Kent
6. A notice advertising the application must be displayed on the premises for a period of 28 days commencing the day after the application is made
7. . A notice advertising the application must be displayed in a newspaper circulating in the vicinity within 7 days of the application to transfer the licence.
8. A copy of the fees in relation to the application can be viewed on the Council's website www.dover.gov.uk/licensing

Insert
Authority
Logo

**Consent to the transfer of a licence for
Sex entertainment venue**

Type of premise:

Sex shop

Sex cinema

Sexual entertainment venue

I/We

(Insert names of applicant - Please see Guidance Note 1)

Being the holder of a licence

Existing Licence Number:

in respect of the below premises situated at:

Postal Address (inc. trading name, post code and telephone number)

Give authority for the transfer of such licence to the below named:

Name
Address

Person(s) Authorising Transfer:

Signature(s)	
Date	
Capacity	
Contact Details	
Name	
Address inc Post Code	
Telephone	
E-mail	