



**NORTHAMPTON
BOROUGH COUNCIL**

Application for a licence for a sex establishment

1	Details pre-populated from the applicant's registration on the Business Link website			
1.1	First name			M
1.2	Family name			M
1.3	Email address			M
1.4	Position/job title			M
1.5	Business name			M
1.6	Registered (or other) business address			M
1.7	Contact telephone number(s)			M
1.8	Home country			M
1.9	Commercial register on which registered			
1.10	Registration number			
1.11	VAT number			
1.12	Legal status (e.g. limited company)			M

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

(M = questions which are mandatory)

Further details about the applicant				
1.13	Is the applicant an individual?	Yes / No	If no, go to 2.1	M
1.14	Former name(s)			
1.15	Home address			
1.16	Date of birth			
1.17	Place of birth			

2	Premises to be licensed				
2.1	Type of premises	Building <input type="checkbox"/> Vehicle <input type="checkbox"/> Vessel <input type="checkbox"/> Stall <input type="checkbox"/>	If "building" go to 2.3		M
2.2	Exact location where the vehicle, vessel or stall will be used				
2.3	Name of premises/trading name				M
2.4	Address of premises				M

2	Premises to be licensed			
2.5	Telephone number			M
2.6	Will the sex establishment occupy the entire premises?	Yes / No	If yes, go to 2.9	M
2.7	Which parts of the premises will be used for the sex establishment?			
2.8	What will the rest of the premises be used for?			
2.9	How will you prevent the interior of the premises being visible to passers by?			M
2.10	Are the premises currently in use as a sex establishment?	Yes / No		M

3	Opening hours							
	Please give details of proposed opening hours for each day of the week							
3.1	Day(s)		From		To		Add another?	Yes/No

4	Type of sex establishment								
4.1	Type of sex establishment (please tick all that apply)	Sex shop	<input type="checkbox"/>	Sex cinema	<input type="checkbox"/>	Sex encounter establishment	<input type="checkbox"/>	England & Wales only London only	M
4.2	Please give details of the goods to be offered for sale, films to be shown and/or nature of the sex encounter provided (London only)							M	

5	Ownership									
5.1	Applicant's interest in the premises (please tick one)	Freehold	<input type="checkbox"/>	Leasehold	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Other	<input type="checkbox"/>	M
5.2	Please provide details									
5.3	Is the applicant the sole owner of the business?	Yes / No							M	
5.4	Is the applicant a wholly or partly owned subsidiary of another company?	Yes / No					If no, go to question 6.1		M	
5.5	Please provide details									

6	Directors, partners, owners and managers								
	Please provide details of ALL company directors (if the business is a company), ALL partners (if it is a partnership), ALL other shareholders, owners of the business, landlords, and ALL those responsible for management of the business, including day-to-day management of the premises								
6.1	Position (e.g. director, partner, day-to-day manager)								
6.2	Full name								
6.3	Home address								
6.4	Daytime contact telephone number								
6.4a	Evening/other contact telephone number								
6.5	Date of birth								
6.6	Place of birth								
6.7	Add another person?	Yes / No					If yes, this section will be repeated		

7	Other business interests			
7.1	Is the applicant, or any person named in this application, involved in any way with any other similar establishment?	Yes / No	If no, go to 8.1	M
7.2	Please provide details, including the name and address of the establishment and the nature and extent of the interest.			

8	Previous applications			
8.1	Has the applicant, or any person named in this application, previously applied for a similar registration or licence?	No <input type="checkbox"/> Yes – granted <input type="checkbox"/> Yes – refused <input type="checkbox"/> Yes – revoked <input type="checkbox"/>	If no, go to question 6.1	M
8.2	Please provide details, including local authorities applied to and relevant dates			

9	Convictions			
9.1	Has the applicant or any person named in this application been convicted of any criminal offence?	Yes / No	If no, go to 6.1	M
	Please provide details – subject to the Rehabilitation of Offenders Act 1974 All unspent crimes must be declared			
9.2	Name of person			
9.3	Date			
9.4	Court			
9.5	Offence			
9.6	Penalty			
9.7	Add another conviction?	Yes / No	If yes, this section will be repeated	

10	Additional details*			
10.1	Please provide any additional information relevant to the application			
	* Please check local guidance notes and conditions for any additional information which may be required			

11	Declaration and signature			
	The declaration required by the individual local authority will appear here			
	Digital signature			
	Date			