

# Blackpool Council

## APPLICATION FOR SEX ESTABLISHMENT

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982  
PART II SCHEDULE 3

<b>Applicant Name:</b>	
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Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8572 / 8589  
F: (01253) 47 8372  
E: [licensing@blackpool.gov.uk](mailto:licensing@blackpool.gov.uk)

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



Application is hereby made					
<b>(a) For a Sex Cinema</b>	Tick	<b>(b) For a Sex Shop</b>	Tick	<b>(c) For a Sex Entertainment Venue</b>	Tick
New Licence	<input type="checkbox"/>	New Licence	<input type="checkbox"/>	New Licence	<input type="checkbox"/>
Transfer of licence	<input type="checkbox"/>	Transfer of Licence	<input type="checkbox"/>	Transfer of Licence	<input type="checkbox"/>
Renewal of Licence	<input type="checkbox"/>	Renewal of Licence	<input type="checkbox"/>	Renewal of Licence	<input type="checkbox"/>

**Part 1 – Applicants**

<b>A Individuals only –</b>									
<i>Where there is more than one applicant please enclose a separate sheet with details</i>									
Full name of applicant									
Date of Birth									
D	D	M	M	Y	Y	Y	Y	Occupation	
Permanent address									
Post Code									
Telephone Number of premises (if any)									

E-Mail Address
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<b>B Body Corporate/others</b>									
Full name of applicant									
Address of Registered/ Principal office									
Post Code									
Telephone Number of premises (if any)									

E-Mail Address
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Company Registration Number									
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Full names of all directors and other persons responsible for the management of the body, including the manager of the establishment (Each person must complete a Statutory declaration sheet)	
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**Part 2 – The premises**

<b>Name of premises</b>							
<b>Address</b>							
		<b>Post Code</b>					
<b>Telephone number</b>							
<b>Email address</b>							
<b>Premises Licence number (if applicable)</b>							
<b>If only part of the building is to be licensed give details.</b>							
<b>Give full details of the type of Business to be conducted at the Premises</b>							
<b>Is the premises already used for this purpose?</b>		<b>Yes</b>		<b>No</b>			
<b>If the premises are not open between 09:00 am and 16:00 state name and contact details of person responsible for keys to the premises</b>							
<b>Contact name</b>							
<b>Address</b>							
		<b>Post Code</b>					
<b>Telephone number</b>							
<b>Email address</b>							

**Part 3 – Operation of the premises**

Please detail the proposed hours of operation		
	Opening	Closing
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Give the name, address and date of birth of the person who will be in day to day management control of the premises**

Full name									
Date of Birth	D	D	M	M	Y	Y	Y	Y	
Permanent address									
					Post Code				
Telephone Number of premises (if any)									

E-Mail Address	
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**Give the name, address and date of birth of any other person who will be engaged in managing the premises**

Full name									
Date of Birth	D	D	M	M	Y	Y	Y	Y	
Permanent address									
					Post Code				
Telephone Number of premises (if any)									

E-Mail Address	
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**Describe the external appearance of the venue and advertising  
– photographs must be attached**

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**Describe where all performances will take place within the premises  
– please include a plan identifying the location of all CCTV cameras**

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**Detail the locations of stewarding or other controls such as dance supervisors**

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**List the procedures for ensuring that dancers under the age of 18 do not work at the premises**

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**Explain how the applicant will ensure that all dancers comply with the sexual entertainment venue licence conditions.**

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**Describe the type of promotional activities that will take place outside of the venue during operational hours**

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**Part 4 – Declaration**

**Please give the total occupancy of the sexual entertainment venue and the maximum number of dancers that will be employed on any one night (the maximum number of dancers should be no more than 10% of the total occupancy)**

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**Describe the changing facilities for dancers and explain the means in which they can secure personal property. Include details of the venue's welfare policy if not attached to the application.**

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**Detail the arrangements for dancers to take breaks/the provision of smoking facilities**

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**Part 5 - Checklist**

Please tick

- I have made or enclosed payment of the fee
- I have sent a copy of this application to the Police Licensing Department, Bispham Police Station, Red Bank Road, Blackpool, FY2 0HJ
- I understand that I must now advertise my application. The application must be advertised on site for 28 days. The application must also be advertised in the local newspaper no later than 7 days after the date of application. A template of the advert is on the back page of this application form.
- I understand that if I do not comply with the above requirements my application will be rejected

<b>I/We declare that the information given in this application is correct to the best of my/our knowledge and belief.</b>	
<b>Signed</b>	
<b>Print Name</b>	
<b>Capacity</b>	
<b>Date</b>	

<b>2<sup>nd</sup> Applicant</b>	
<b>Signed</b>	
<b>Print Name</b>	
<b>Capacity</b>	
<b>Date</b>	

**SEX ESTABLISHMENT LICENCE APPLICATION**

Notice of application for grant/renewal/transfer (delete as applicable) of a sex establishment licence pursuant to Schedule 3 Local Government (Miscellaneous Provisions) Act 1982.

Take notice that on [date] [names of applicant(s)] applied to Blackpool Council for the grant/renewal/transfer [delete as applicable] of a sex establishment licence for:

.....  
.....  
.....(name and address of premises)

If granted the application will allow the premises to operate as a sex shop/sex cinema/sexual encounter venue [delete as applicable] at the following times [insert dates and times of operation]

.....  
.....  
.....

Any person wishing to make objections on the application may do so in writing to:

Licensing Service, Blackpool Council, Municipal Buildings, PO Box 4, Blackpool, FY1 1NA  
Tel: 01253 478397, Fax: 01253 478372 Email: [licensing@blackpool.gov.uk](mailto:licensing@blackpool.gov.uk)

The grounds of the objection must be stated in general terms.

A copy of the application for this licence is kept by the Licensing Authority at the above address. This application can be viewed by appointment from Monday to Friday between 10.00a.m. and 4.00p.m.

The objection must be received by the Council no later than .....  
[insert date 28days after the date of the application]