



WARWICKSHIRE
DIRECT

31 JAN 2012

LEAMINGTON

**APPLICATION FOR ~~GRANT / RENEWAL / VARIATION / TRANSFER~~* OF A
SEX ESTABLISHMENT LICENCE**

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I / We

NATALIE BEEJADHUR

(Insert name/s of applicant/s – please read guidance note 1)

**apply for the ~~Grant / Renewal / Variation / Transfer~~* of a Sex
Establishment Licence for the premises described in Part 1 below (the
premises) in accordance with schedule 3 of the Local Government
(Miscellaneous Provisions) Act 1982 (*delete as necessary)**

Part 1 - Premises Details *(Please read guidance note 2)*

Postal address (including trading name, post code and telephone number of premises)

Amara
7 Court Street
Leamington Spa
CV31 2BB

Telephone Number (01926) 883838

Part 2 - Applicant Details

Please state whether you are applying for a licence as

- a) an individual or individuals *
- b) a person other than an individual *
 - i. as a limited company

☒ please complete section (A & C)

☐ please complete all sections

- ii. as a partnership ☐ please complete all sections
- iii as an unincorporated association or ☐ please complete all sections
- iv other (for example a statutory corporation) ☐ please complete all sections

(A) Individual Applicant Details *(Please read guidance note 3)*

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Family Name BEEJADHUR			First names NATALIE		
Date of birth		29 January 1986			
Current postal address including post code		20 Lady Grey Avenue Heathcote Warwick CV34 6FH			
Telephone number		07949 461229			
E-mail address		n.bee@hotmail.co.uk			
National Insurance No.		JR 139355D			
Telephone number					
E-mail address					

(Continue on separate page if necessary)

(B) Other Applicants (Company, etc.)

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

Name	
Address including post code	
Registered number	

Description of applicant (e.g. partnership, company, etc.)	
Telephone number	
E-mail address	

(C) Description of Trading Activity

The premises will trade as:						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
A Sex Cinema	A Sex Shop	A Sexual entertainment venue				
I would like the premises will trade on the following days and between the following times:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From 19:30 HRS	From 19:30 HRS	From 19:30 HRS	From 19:30 HRS	From 19:30 HRS	From 19:30 HRS	From 19:30 HRS
To 03:00 HRS	To 03:00 HRS	To 03:00 HRS	To 03:00 HRS	To 04:00 HRS	To 04:00 HRS	To 03:00 HRS

(D) Licensing History

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

Been disqualified from holding a licence for a sex establishment?	NO
Been refused the grant / renewal / transfer of a licence for a sex establishment?	NO
Been the holder of a sex establishment licence when that licence has been revoked?	NO
If 'Yes' to any of the above please provide details:	

Part 3 - Declaration

I/We:

Please tick yes

- Enclose the fee (Please make payable to Warwick District Council) ☒
- Enclose evidence of identity containing a photograph in respect of each ☒

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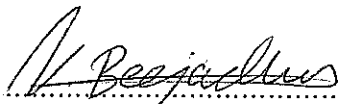
individual applicant / partner / director, as applicable

- Enclose either a criminal conviction certificate or criminal record certificate or the results of a subject access search of the police national computer by the National Identification Service ☒
- Understand that if the above requirements have not been complied with my application will be rejected ☒
- 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. ☒
- Confirm that the information supplied in this application is true to the best of my / our knowledge and belief. ☒

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

(C) Signatures (Please read guidance note 4)

Signature of applicant.

Signature/s	 NATALIE BEEJADHUR
Date	31/01/2012
Capacity	APPLICANT

(D) Contact Details (Please read guidance note 5)

Contact name	Miss Natalie Beejadhur
Contact postal address including post code 20 Lady Grey Avenue Warwick CV34 6FH
Telephone number (if any)	07949 46 1229
E-mail address (optional)	