



**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

SHADES SNOOKER CLUB LIMITED

(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)

Shades Gentleman's Club
6a High Street
Leamington Spa
CV31 3AN

Part 2 - Applicant Details

Please state whether you are applying for a licence as

- a) an individual or individuals * please complete section (A & C)
- b) a person other than an individual * please complete all sections
- i. as a limited company

- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Family Name RANSFORD			First names ROBERT		
Date of birth		[REDACTED]			
Current postal address including post code		[REDACTED]			
Telephone number		01926 311755			
E-mail address		[REDACTED]			
National Insurance No.		[REDACTED]			
Telephone number					
E-mail address					

(Continue on separate page if necessary) Please see attached sheet for second individual

(B) Other Applicants (Company, etc.)

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

Name	SHADES SNOOKER CLUB LIMITED
Address including post code	Registered Office: Highdown House, 11 Highdown Road, Sydenham, Leamington Spa CV31 1XT
Registered number	4476242

Description of applicant (e.g. partnership, company, etc.)	COMPANY
Telephone number	01926 311755
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	From	From	From	From	From	From
	23:00 HRS	23:00 HRS	23:00 HRS	23:00 HRS	23:00 HRS	
To	To	To	To	To	To	To
	03:00 HRS	03:00 HRS	03:00 HRS	04:00 HRS	04:00 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


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		
Date	7th August 2013,	7th August 2013
Capacity	DIRECTOR	COMPANY SECRETARY

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

Contact name	Mr Ian Besant
Contact postal address including post code	Wright Hassall LLP Olympus Avenue Leamington Spa CV34 6BF
Telephone number (if any)	01926 880709
E-mail address (optional)	ian.besant@wriighthassall.co.uk

Notes for Guidance

- 1) Insert the name/s of individual applicant/s or partners or the trading name under which the business operates.
- 2) Include the postal address, including name by which the premises that is to be used as a sex establishment is to be known.
- 3) The full name, date of birth and home address of each individual applicant/partner/director must be supplied together with photographic evidence of identity, e.g. a certified copy of passport or driving licence, and either a criminal conviction certificate (issued under section 112 Police Act 1997), a criminal record certificate (issued under section 113A Police Act 1997) or the results of a subject access search under the Data Protection Act 1998 (b) of the Police National Computer by the National Identification Service.
- 4) The application form must be signed. Where there is more than one applicant, all applicants must sign the application form.
- 5) This is the address that we shall use to correspond with you about this application.
- 6) A plan of the premises must be submitted with the application, drawn to a scale of 1:100 showing all external and internal doors and windows and the position of counters, display stands, booths, video / tv / film screens, exhibition areas, dance / performance / stage areas fixed seating and tables, bars / counters from which refreshments are available and private rooms.
- 7) Copies of the application together with a plan of the premises must be submitted to: -
 - Community Protection, Licensing, Warwick District Council, Riverside House, Milverton Hill, Royal Leamington Spa, CV32 5HZ
 - Chief Officer of Police, Warwickshire Police Licensing Team, Police Station, Priory Road, Warwick, CV34 4NA
- 8) A notice containing details of the application must be advertised on the premises to which the application relates for a continuous period of not less than 28 days from the day following the day on which it was given to the licensing authority, in a position from which it can be conveniently read by members of the public.
- 9) A notice containing details of the application must be published in a newspaper circulating in the local vicinity of the premises within 7 days of the application be given to the licensing authority.
- 10) Fees can be obtained via the council's website or by contacting Licensing Services, Warwick District Council at licensing@warwickdc.gov.uk

DETAILS OF SECOND INDIVIDUAL APPLICANT

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

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Family Name RANSFORD			First names LISA MARGARET		
Date of birth	[REDACTED]				
Current postal address including post code	[REDACTED]				
Telephone number	01926 311755				
E-mail address	[REDACTED]				
National Insurance No.	[REDACTED]				
Telephone number					
E-mail address					