

**Sex Establishment Licence Procedure Notes**

* Complete and return the appropriate documents as detailed below and send to the Licensing Team (office address detailed below):

- Application form

- Fee of £2,025 for a new application or £1,755 for a renewal (Cheques made payable to Shropshire Council)

* All applications will be determined on their own merits
* Following consultation with relevant parties the application will be determined

**Licensing Office Address**

**Licensing Team   
Business and Consumer Protection Service  
Shropshire Council   
Guildhall**

**Frankwell Quay**

**Shrewsbury**

**Shropshire, SY3 8HQ**

Address

Address

Postcode:

|  |  |
| --- | --- |
| Licensing Team  Business and Consumer Protection Service Shropshire Council  Guildhall,  Frankwell Quay, Shrewsbury,  Shropshire, SY3 8HQ |  |

web: [www.shropshire.gov.uk](http://www.shropshire.gov.uk)   
Tel.: 0345 678 9026

**Application for a Sex Establishment Licence**

**Local Government (Miscellaneous Provisions) Act 1982**

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 or typed in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

If application is made on behalf of an individual please complete part 1a. If made on behalf of a corporate or unincorporated body please complete part 1b:

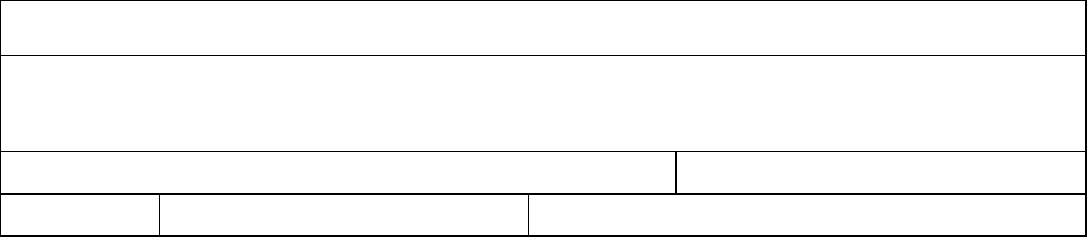
|  |  |
| --- | --- |
| **Part 1 A- Your Details** | |
| Title (delete as appropriate) Mr Mrs Miss Ms Other (please state) | |
| Surname: |  |
| Forenames: |  |

**Part 1b – Corporate or Unincorporated Body Details**

Full Name of   
Body

Post town:

|  |  |
| --- | --- |
| **Part 2 – Directors** | |
| Give full names and private addresses of all directors or other persons responsible for management of the establishment | |
| Title (delete as appropriate) Mr Mrs Miss Ms Other (please state) | |
| Surname: |  |
| Forenames: |  |



Address

Age:

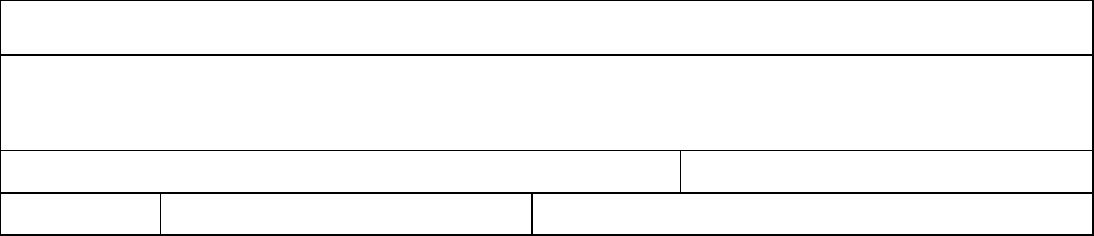
Post town:

Date Of Birth:

Place of Birth

Postcode:

|  |  |
| --- | --- |
| Title (delete as appropriate) Mr Mrs Miss Ms Other (please state) | |
| Surname: |  |
| Forenames: |  |



Address

Age:

Post town:

Date Of Birth:

Place of Birth

Postcode:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3 - Convictions** | | | **Please** | **tick ** |
| Do you have any convictions recorded against you, or if a body corporate or unincorporated body that body, or any of its directors, or other persons responsible for its management? (If renewal, since you last applied for a licence) | | | Yes | No |
| If Yes – please state: | | | | |
| Date of Conviction | Offence | Sentence (including  suspended sentence) | | |
|  |  |  | | |

|  |  |  |
| --- | --- | --- |
|  | **Please** | **tick ** |
| 1. Have you been a resident in the United Kingdom throughout a period of six months immediately preceding the date of this application? | Yes | No |
| 1. If the application is made on behalf of a body corporate is that body incorporated in the United Kingdom? | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Full Address of premises desired to be used as a sex establishment | | | |
| Address | | | |
| Post town: | Postcode: | | |
| Does this application relate to a vehicle/vessel/stall? | | Yes | No |
| If yes, please give description and state where it is to be used as a sex establishment: | | | |

1. During which days and what hours do you wish to trade?

Day

Open Time

Closing Time

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

|  |  |  |
| --- | --- | --- |
| 8) Are the premises to be used as: | | |
| * a sex shop? | Yes | No |
| * a sex cinema? | Yes | No |
| * a sex encounter establishment? | Yes | No |

|  |  |  |
| --- | --- | --- |
| 9) Have you ever been refused a licence for a sex establishment?: | Yes | No |

|  |
| --- |
| If yes, please give description and state where it is to be used as a sex establishment: |

|  |  |
| --- | --- |
| **10 - Checklist**  **I have Please** | **tick ** |
| * Enclosed a copy of the application form |  |
| * Made or enclosed payment of the fee for the application |  |

**10 - Declaration**

**The information contained in this form is correct to the best of my knowledge and belief.**

It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence. (A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement.) To do so could result in prosecution and a fine not exceeding level 5 on the standard scale (£5000).

Signature Date

**This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. The Authority may also share this information with other bodies administering public funds for these purposes.**

**DATA PROTECTION: This information will be used in the process of considering the application   
and may be sent to authorised bodies including: Police, Benefits, Councillors, Inland Revenue.**

Guidance to Convictions

1. All Convictions must be disclosed
2. Spent convictions, as defined below, should not be included:

|  |  |
| --- | --- |
| **Sentence:** | **Becomes spent after:** |
| Imprisonment of between 6 months and 2 ½ years: | 10 Years |
| Imprisonment upto 6 months: | 7 Years |
| Borstal training: | 7 Years |
| A fine or other sentence not otherwise covered in this table: | 5 Years |
| Absolute discharge: | 6 Months |
| Probation order, conditional discharge or bind over: | 1 year (or until order expires whichever is longer) |
| Detention Centre Order: | 3 years |
| Remand home, attendance centre or approved school order: | The period of the order and a further year after the order expires |
| Hospital order under the Mental Health Act: | The period of the order and a further 2 years after it expires |
| Cashiering, discharge with ignominy or dismissal with disgrace from the Armed Forces: | 10 years |
| Dismissal from Armed Forces: | 7 years |
| Detention: | 5 years |

Note:

1. A sentence of more than 2 1/2 years’ imprisonment can never become spent.
2. If you were under 17 years of age on the date of

conviction, please halve the period shown in the right-hand column.

**Licensing Act 2003**

**Public Site Notice**

**Notice is Hereby Given** that I/We

of

|  |  |
| --- | --- |
| Address of Premises: | |
| Post town: | Postcode: |

HEREBY give notice that I/We have applied to Shropshire Council under the provisions of the Local Government (Miscellaneous Provisions) Act 1982 for a Licence to use the premises referred to above as a Sex Shop/Sex Cinema.

Held At:

Any Persons wishing to make comments must do so in writing to the Licensing Team, Shropshire Council, Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ or eMail [licensing@shropshire.gov.uk](mailto:licensing@shropshire.gov.uk) **within 28 days** from the date of this notice. Applications can be viewed during normal office hours at the above address ([www.shropshire.gov.uk](http://www.shropshire.gov.uk)).

Dated:

It is an offence under Section 158 of the Licensing Act 2003, knowingly or recklessly to make a false statement in connection with an application and the maximum fine for which a person is liable on summary conviction for the offence is up to Level 5 on the standard scale (£5,000).

|  |  |
| --- | --- |
| Licensing Team  Business and Consumer Protection Service Guildhall  Frankwell Quay  Shrewsbury  Shropshire, SY3 8HQ | A blue rectangle with white text  AI-generated content may be incorrect. |

I (Insert Full Name) hereby certify that:

On the (insert date) Displayed a Site Notice on:   
(Describe where the site notice has been placed)

On the (insert date) Placed a notice in:   
(Detail name of Local Newspaper and date submitted)

I also declare that the site notice will be displayed at the premises for 28 days

Name of Proposed Licensee:

web: [www.shropshire.gov.uk](http://www.shropshire.gov.uk)   
Tel.: 0345 678 9026

**LICENSING OF SEX ESTABLISHMENTS**

**Declaration Form**

|  |  |
| --- | --- |
| Address of Premises: | |
| Post town: | Postcode: |

This form should be returned to the Licensing Department, Shropshire Council, Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ, with your application together with a copy of the Notice of Application.

Signature: Date: