

Sex establishment licence



Part A: applicant information

APPENDIX A

Schedule 3 of the Local Government Miscellaneous Provisions Act 1982

Before completing this application please read ALL 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. It is recommended that you keep a copy of the completed form for your records.

Please note that the licensing authority or police may make enquiries independently to verify/validate any information submitted as part of this application.

Application type tick box(es) as appropriate <input checked="" type="checkbox"/>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Variation	
Part 1 - Premises Details	
Premises address:	Heaven, 109 High Street, Suffolk, CB8 8JH
Licence Details (for renewal applications)	
Licence Number:	SE0012
Date of Expiry:	10 / 10 / 2023
Part 2 – Applicant Details	
Is the applicant:	<input type="checkbox"/> An individual <input checked="" type="checkbox"/> A company or other corporate body <input type="checkbox"/> A partnership or other unincorporated body
A Individual applicant details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other_____
Surname:	
Forenames:	
Date of birth: (must be aged 18 or over)	
Place of birth: (Town/Country)	
National Insurance Number:	
Current residential address, including postcode:	
Telephone number (home):	
Telephone number (mobile):	

Email:	
Are you ordinarily resident in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No please state where:
Have you any restrictions on your eligibility to reside/work in the UK?	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other_____
Surname:	
Forenames:	
Date of birth: (must be aged 18 or over)	
Place of birth: (Town/Country)	
National Insurance Number:	
Current residential address, including postcode:	
Telephone number (home):	
Telephone number (mobile):	
Email:	
Are you ordinarily resident in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No please state where:
Have you any restrictions on your eligibility to reside/work in the UK?	
B Other applicants (such as a registered company or unincorporated association) Please provide name and registered address of applicant in full. Where appropriate please give any registered number and names/private addresses of ALL directors/ partners:	
Name:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Other_____
Registered or principal office address including postcode:	Newmarket Entertainment Ltd 109 High Street, Newmarket, Suffolk, CB8 8JH
Registered company number:	09103285
Description of applicant (eg partnership, company):	Limited Company
Is this company incorporated in the UK?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No please state where:
Telephone number:	0800 77 23 109 / XXXXXXXXXX
Email:	XXXXXXXXXX

Names and private addresses of ALL company directors or partners:(1) Director/partner:
Full name (including title)

[REDACTED]

Private address (including postcode):

[REDACTED]

(2) Director/partner:
Full name (including title)

Private address (including postcode):

(3) Director/partner:
Full name (including title)

Private address (including postcode):

C Licensing history and other relevant information:**Has any person or the corporate or unincorporated body referred to in this application:**

Been disqualified from holding a licence for a sex establishment?

 Yes No

Been refused the grant/renewal/transfer of licence for a sex establishment?

 Yes No

Been the holder of a sex establishment licence when that licence has been revoked?

 Yes No

If YES to any of the above please provide details, including relevant names, dates and locations:

Have you 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 so please state

Date of conviction

Offence

Sentence (include any suspended)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Note: (i) All convictions must be disclosed

(ii) Spent convictions, as defined in the table below should not be included

Sentence**Becomes spent after**

Imprisonment of between 6 months and 30 months

10 years

Imprisonment of up to 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 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
<p>Note: (i) A sentence of more than 2.5 years imprisonment can never become unspent. (ii) If you were under 17 years of age on the date of conviction, please halve the period shown in the right hand column.</p>	
<p>Is the business for the benefit (whether solely or partly) of any third-party not already specified within this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES please give further details below including name, address and position):</p>	
<p>Please provide details of any experience or business/employment history relevant to the operation of a sex establishment gained by any person in connection with this application. For example please specify whether any person is a member of any trade association/organisation (ie the Lap Dancing Association) or has operated or continues to operate a sex establishment (state type if applicable):</p> <p>The Director of Newmarket Entertainment Ltd has been responsible for the running of a Sex Establishment since 2013 (Climax in Colchester, Essex) as well as operating Heaven since 2017. Because of this extensive experience, the Director is fully aware of the regulations associated with running a Sex Establishment, especially the impact this has on the local community and the necessity to work closely with the local authorities and public to ensure the establishment works within the rules and regulations required</p>	
<p>Part 3 – Declaration for Part A tick box(es) as appropriate</p>	
<p>I/we – insert name(s) of applicant(s):</p> <p>Newmarket Entertainment Ltd</p>	
Enclose the relevant fee (cheques made payable to West Suffolk Council)	<input checked="" type="checkbox"/>
Enclose evidence of identity containing a photograph in respect of each individual applicant/partner/director, as applicable	<input checked="" type="checkbox"/>
For each individual/director enclose a basic level criminal record disclosure certificate or equivalent (this should be dated no older that one calendar month) and also enclose a declaration of convictions, cautions etc for each person as applicable (see guidance note 11)	<input checked="" type="checkbox"/>
Understand that if the above requirements have not been satisfactorily complied with my application cannot proceed and may be rejected	<input checked="" type="checkbox"/>
Understand that the information given may be used in conjunction with other authorities for the prevention and detection of fraud.	<input checked="" type="checkbox"/>

Part B: premises/operational information

Schedule 3 of the Local Government Miscellaneous Provisions Act 1982

Before completing this application please read ALL 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. It is recommended that you keep a copy of the completed form for your records.

Please note that the licensing authority or police may make enquiries independently to verify/validate any information submitted as part of this application.

I/We Newmarket Entertainment Ltd (insert name(s) of applicant(s) – please read guidance note 1)	
Application type tick box(es) as appropriate <input checked="" type="checkbox"/>	
<input type="checkbox"/> Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Variation	
Part 1 - Premises Details	
Postal address (including post code):	Heaven 109 High Street Newmarket Suffolk CB8 8JH
Telephone number:	0800 77 23 109

(A) Description of Trading Activity

The premises will trade as tick box(es) as appropriate <input checked="" type="checkbox"/>						
<input type="checkbox"/> a sex cinema	<input type="checkbox"/> a sex shop	<input checked="" type="checkbox"/> a sex entertainment venue				
The premises is proposed to trade on the following days and between the following times:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From: 7pm	From: 7pm	From: 7pm	From: 7pm	From: 7pm	From: 7pm	From: 7pm
To: 2am	To: 2am	To: 2am	To: 3:20am	To: 3:20am	To: 3:20am	To: 3am

(B) Operation of the venue and other relevant information

Does the premises have the correct planning consent for the use	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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intended? If unsure check with the Planning Authority	
Does the premises currently have a premises licence or club premises certificate under the Licensing Act 2003?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If the premises does hold a Licensing Act 2003 authorisation please give the licence or certificate number	
<p>Please summarise the nature, style and activities of your proposed sex establishment. For example, give detail on the type of activities/entertainments, clientele, frequency of performances, number of staff and performers, capacity, type of articles sold etc.</p> <p>Heaven operates as a Lap Dancing venue in the basement of 109 High Street, Newmarket, Suffolk, CB8 8JH.</p> <p>The typical clientele of the venue are middle aged males who are very well behaved and who enjoy an evening with friends or colleagues in a quiet mature environment.</p> <p>Heaven typically operates with between 5 and 15 dancers during the evening. The total number of staff working at Heaven at any one time is between 6 - 9. The capacity of the venue is 110. The only articles sold are dances by the dancers which are purchased by the customer. No other articles are sold.</p>	
<p>What measures/steps do you propose to take to ensure that your sex establishment operates in a suitable and appropriate manner in the locality you propose? For example you may wish to detail your arrangements for door supervision (including numbers/frequency/timings), management (including management structure), customer rules, welfare of performers, membership, dispersal, external appearance of the venue, advertising, training for staff, CCTV, notices and signage</p> <p>Heaven operates with a strict policy for the safety of both customers and staff. Heaven operates with a minimum of 2 door staff increasing to 3 or 4 on anticipated busy evenings (i.e. during the race season). All door staff are SIA approved and present within the venue and outside to greet the customers and explain the rules of the venue. They are on duty approximately 20 minutes prior and after the venue is open.</p> <p>There is a management structure in place to also deal with any queries from the customers about the rules and the welfare of the dancers. The structure is made up as follows: General Manager, Floor Manager (responsible for looking after the dancers), Bar Manager and general bar staff.</p> <p>When customers leave the venue, they are asked to leave in a quiet manner as to not disturb local residents within the area.</p> <p>There is minimal to no signage outside the venue therefore looking extremely discrete to passers-by.</p> <p>The venue has extensive HD CCTV and all recordings are stored for a minimum of 31 days.</p>	

Do you agree to conditions being attached to your licence (if granted) that are consistent with the steps/measures you have proposed above?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide a plan and a schematic to show the proposed external appearance of the venue (Guidance note 12)

Part 3 – Declaration for Part B (please tick to confirm yes)

I/we – insert name(s) of applicant(s)
 Newmarket Entertainment Ltd

Enclose a plan of the premises and also a diagram of the premises frontage (this should also indicate window dressing/colour schemes/signage etc) (see guidance note 12)	<input checked="" type="checkbox"/>
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Enclose any policies, rules, procedures or other supporting documentary information in connection with this application (On renewal only if changes have been made)	<input checked="" type="checkbox"/>
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Understand that if the above requirements have not been satisfactorily complied with my application cannot proceed and may be rejected	<input checked="" type="checkbox"/>
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Understand that the information given may be used in conjunction with other authorities for the prevention and detection of fraud.	<input checked="" type="checkbox"/>
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Confirm that the information supplied in this application is true to the best of my/our knowledge and belief.	<input checked="" type="checkbox"/>
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It is an offence for any person to make a false statement, or a statement which he/she does not believe to be true, in or in connection with this application. A person guilty of this offence shall be liable on summary conviction to a fine not exceeding £20,000.

Signatures
 Signature of applicant(s) or applicant(s) solicitor or other duly authorised agent. [REDACTED]

[REDACTED].....
 Capacity..... Director

..... Name.....
 Capacity.....

..... Name.....
 Capacity.....

Date	07 / 09 / 2023
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Privacy Notice
 West Suffolk Council is a Data Controller and can be contacted at: West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3YU. Tel: 01284 763233. The Data Protection Officer is Leah Mickleborough and can be contacted at the same address. We are collecting your personal information in order to process your application under the

Local Government Miscellaneous Provisions Act 1982.

Your data will not be shared with third parties unless used for Council purposes, in order to enquire and receive information relating to your licence, prevent or detect crime, to protect public funds or where we are required or permitted to share data under other legislation. Your data will be kept for 7 years post licence expiry/surrender in line with our retention policy.

You have the right to access your data and to rectify mistakes, erase, restrict, object or move your data in certain circumstances. Automated decision making and processing is not used during this application. Please contact the Data Protection Officer for further information or go to our website where your rights are explained in more detail. If you would like to receive an explanation of your rights in paper format please contact the Data Protection Officer.

Any complaints regarding your data should be addressed to the Data Protection Officer in the first instance. If the matter is not resolved you can contact the Information Commissioner's Office at: Wycliff House, Water Lane, Wilmslow, Cheshire, SK9 5AF Tel: 0303 123 1113.

If you do not provide the information required on the application form then we will not be able to process application for a licence. Your data must be kept up to date in accordance with the conditions of your licence.

For further information on our Data protection Policies please go to our website: [How we use your information](#) or email: data.protection@westsuffolk.gov.uk

Guidance notes to assist with completion of this application form

- 1) Insert the name(s) of individual applicant(s) or partners or the trading name under which the business operates.
- 2) Insert the postal address, including the name by which the premises to be used as a sex establishment is to be known.
- 3) The full name, date and place of birth, national insurance number and private address of each individual applicant and names and private addresses of all directors must be supplied together with photographic evidence of identity for each person (eg. a certified copy of passport or driving licence).
- 4) The application form must be signed. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so. Where there is more than one applicant, all applicants or their respective agents must sign the application form.
- 5) This is the address that we shall use to correspond with the applicant(s) about this application.
- 6) 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 21 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. The Council provides a template to assist with this requirement.
- 7) 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. The Council provides a template to assist with this requirement.
- 8) Fee levels may change from time to time. Current fee levels can be obtained via the Council's website or by contacting the Licensing Authority.
- 9) For this purpose 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 will be satisfactory. Disclosures provided must be dated within one calendar month of the application date or else they will be rejected.
- 10) Specify the type of sex establishment you intend to operate. Tick ALL boxes that apply to this licence application. Also indicate the times for each day of the week that you propose to operate as a sex establishment. Specify N/A if you do not intend to operate on a particular day.
- 11) The application form must be signed. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so. Where there is more than one applicant, all applicants or their respective agents must sign the application form.
- 12) A plan of the premises must be submitted with the application, drawn to a legible scale (preferably 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 / restricted areas fixed seating and tables, bars / counters

from which refreshments are available. Further a diagram showing the proposed external appearance/ frontage of the venue (this need not be professionally drawn) and this should include colour scheme, branding, advertising, window dressing, signage etc. Please note that the plan will form part of the licence and conditions. On renewal if there are no changes then a plan is not required.

13) Copies of the complete application together with a plan of the premises and any supporting documentation must be submitted to the Licensing Authority and Suffolk Constabulary:

Note: The Council may reasonably require the applicant(s) to provide additional documentation in connection with this application. All such requests shall be made in writing (including via email request).

checklist of all documents to provide with this application	
1) Any continuation sheets you have used in connection with this application form (please number, add you name and premises details to every additional sheet you have provided).	<input type="checkbox"/>
2) The plan of your premises showing the layout, fixtures, fittings and features requested. This need not be professionally drawn but must be to scale (preferably 1:100) clear and legible in all material respects. On renewal if there are no changes then a plan is not required.	<input type="checkbox"/>
3) A diagram showing the proposed external frontage of your sex establishment. This need not be professionally drawn but should be clear and legible in all material respects (indication of colour scheme and shop signage, naming and branding should also be included).	<input type="checkbox"/>
4) The correct fee for the application. Cheques should be made payable to West Suffolk Council.	<input type="checkbox"/>
5) Proof of address for all individual applicants – for example a current utility bill or bank statement.	<input type="checkbox"/>
6) Endorsed photographs of all individual applicants. Photos must be full faced and passport style, and endorsed as a true likeness by a professional person of standing in the community such as a doctor, solicitor, teacher, fire officer, local government officer or councillor. The contact details for the person endorsing the photos should also be provided with the photographs as validation checks will be made.	<input type="checkbox"/>
7) Photographic proof of identity and age documentation for individual applicants – for example a passport or DVLA photo card driving licence containing a date of birth.	<input type="checkbox"/>
8) Any house rules, policy or similar documents you propose to operate at the sex establishment, provided in support of your application – for example performer vetting and welfare, customer rules, management and supervision policy/structure, details of membership of a trade association, details of previous relevant experience etc.	<input type="checkbox"/>
9) Criminal records basic level disclosure or equivalent certificates – which should be no older than one calendar month. The police may also conduct background checks of any person connected to this application.	<input type="checkbox"/>
10) Any documentation relating to verification of the entitlement of any applicant to reside or work in the UK (should this be applicable). It should be noted that the Council is registered with the Home Office Evidence and Enquiry Unit and may check the eligibility status of any individual connected with this application.	<input type="checkbox"/>
11) Copy of Licensing Act 2003 premises licence or club premises certificate if applicable	<input type="checkbox"/>
12) Serve the application , together with accompanying documents, to both the Licensing Authority and Chief Officer of Police.	<input type="checkbox"/>
13) Copy of the notice placed on or near the premises.	<input type="checkbox"/>

Please send your application, fee and documents to the licensing department

West Suffolk House

Western Way

Bury St Edmunds IP33 3YU

Phone: 01284 758050 Email: licensing@westsuffolk.gov.uk