

**Application for the Grant, Renewal, Transfer or Variation of a Sexual  
Entertainment Venue Licence**  
Schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982

**Part Two: Personal Details Form**

**A separate form must be completed by every person named in the application, including any individual who will be responsible for management of the premises in the absence of the licence holder. Where the applicant is not an individual, then a form should be completed for each director or partner etc.**

**This part of the application will not be made publicly available, but will be made available to officers of the Council, a sub-committee or committee determining the application and to other relevant public bodies such as the Police.**

Forename(s) _____	Date of Birth _____
Surname _____	Place of Birth _____
Previous Name(s) _____	Date of becoming _____
Gender _____	a UK resident _____

Permanent Residential Address: \_\_\_\_\_

Any previous address within the last 3 years \_\_\_\_\_

Position in relation to the applicant  
(e.g. Director, Partner, Manager etc) \_\_\_\_\_

1. Have you ever been convicted of a criminal offence, whether in the UK or elsewhere?

Yes  No

If yes, please complete the details below:

Name at time of conviction	Date of conviction	Place of conviction	Nature of offence	Sentence

Please continue on a separate sheet if necessary.

2. To your knowledge, are you currently the subject of any criminal investigation? Yes  No

If yes, please provide full details:

3. Have you ever had any civil legal action taken against you? Yes  No

If yes, please provide full details:

4. Have you ever been disqualified from holding a sex establishment licence? Yes  No

If Yes, please provide details:

5. Have you ever been involved in the management of a business, whether as a proprietor, director, company secretary, partner, manager, supervisor or otherwise which has had any of the following types of licence refused, reviewed or revoked?

Sex Establishment licence	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence for the sale or supply of alcohol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Licence for the provision of entertainment, whether sexual or otherwise.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal licence under the Licensing Act 2003	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of the above, please provide full details:

6. Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement? Yes  No

If yes, please provide full details:

7. Have you ever been disqualified from acting as a company director? Yes  No

If yes, please provide full details:

8. Please state any further information that you wish to be taken into account when the application is considered.

I declare that the information on this form is true and complete.

Name:	_____	Date	_____
Position	_____		_____