



Schedule 3, Local Government (Miscellaneous Provisions) Act 1982

**Application for Grant of a
Sexual Entertainment Venue Licence**

Notes to Applicant:
All questions must be answered unless otherwise stated.
If relevant questions are not answered, the application will be deemed incomplete and returned to the Applicant.

I/WE HEREBY APPLY to Guildford Borough Council for the grant of a licence to use a premises as a Sexual Entertainment Venue.

A. THE APPLICANT

Please tick all boxes as appropriate

| | | | |
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| Q1 | Is the Applicant: | | |
| | a. | An individual? | <input type="checkbox"/> |
| | b. | A company or other corporate body? | <input checked="" type="checkbox"/> |
| | c. | A partnership or other unincorporated body? | <input type="checkbox"/> |
| | | | Answer question 2 |
| | | | Answer question 3 & 4 |
| | | | Answer question 5 |

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| Q2 | Answer only where the applicant is an individual: | |
| | Full name of the Applicant: | |
| | Applicant's permanent private address: | |
| | Occupation (during preceding six months): | |
| | Telephone No: | |
| You need to complete Annex A. Now go to question 5 | | |

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| Q3 | Answer only if the Applicant is a company or other corporate body: | |
| | Full name of the Applicant: | Star Oyster Limited |
| | Applicant's trading address: | 1 The Quadrant, Bridge Street, Guildford, Surrey, GU14SG |
| | Applicant's registered address (if different): | 4 th Floor Friary Court, 13-21 High Street, Guildford, Surrey, GU13DL |

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| What is the registered number of the Applicant: | 02482102 |
| What are the full names of all the Directors and Company Secretary: | Mrs Nicole Collette Harper |
| Are any persons responsible for the management of the Applicant other than the Directors and Company Secretary? If so, state their names: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Michel Wayne Harper |
| All individuals names above need to complete Annex A. Now go to question 5 | |

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| Q4 | Answer only if the applicant is a partnership or other unincorporated body: | |
| | Full name of the Applicant: | |
| | Applicant's trading address: | |
| | What are the full names of the Applicant's Partners: | |
| | Are there persons responsible for the management of the Applicant other than the Partners? If so, state their full names: | |
| | Has the Applicant previously been known by any other name, and if so, what: | |
| All individuals named above need to complete Annex A. Now go to question 6 | | |

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| Q5 | Will the business for which a licence is sought be managed by or carried on for the benefit of a person other than those already mentioned in answer to Q2 to Q4 above. This includes third parties such as funders and suppliers where the arrangements are not on normal arms-length commercial terms or any persons who may share in the profits: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Has the Applicant previously been known by any other name, and if so, what? | |
| | If the answer is yes, state their name(s). If a body corporate body, state their place of registration and registered number, and the full name(s) of all Directors and the Company Secretary: | |
| All individuals named above need to complete Annex A. Now go to question 6 | | |

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| Q6 | Has any body corporate or unincorporated named in Q3 to Q5 above: | | |
| | • Ever been convicted of a criminal offence, issued with a caution, or bound over to be of good behaviour? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | • Ever had a grant or renewal application for a sex shop, sex cinema or sexual entertainment venue licence refused or such licence revoked? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | • Ever been the subject of insolvency proceedings? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | • If Yes, please provide full details including dates (this can be done on a separate piece of paper): | | |

Note: Question 6 does not apply to individuals as they are required to answer similar questions in Annex A.

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| Q7 | Does the Applicant have a trading name different from that given in answer 2, 3 or 4 above? If so, state the trading name: | NO |
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| Q8 | Does the Applicant operate any other sex shop, sex cinema or sexual entertainment venue in the borough, whether licensed or not? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | If so, state the name, address and type(s) of sex establishment (e.g. sex shop, sex cinema, sexual entertainment venue): | | |

Notes to Applicant:

Each of the individuals named in Questions 2, 3, 4 and 5 must complete a copy of the form attached at Annex A to this application.

These form part of the application and must be submitted with this application. If not, the application will not be regarded as complete and will not be processed. It will be rejected if not made complete within seven working days of receipt.

B. THE PREMISES, VEHICLE, VESSEL OR STALL

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| Q9 | Is this application in respect of: | Premises <input checked="" type="checkbox"/> | Go to Question 11 |
| | | Vehicle <input type="checkbox"/> | |
| | | Vessel <input type="checkbox"/> | |
| | | Stall <input type="checkbox"/> | |

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| Q10 | Answer only where the application is for a vehicle, vessel or stall: | |
| | Give a description and state all locations where the vehicle/vessel/stall is proposed to be located during use as a sexual entertainment venue. If moving please describe the route to be taken and any places where it will be stationary: | |
| Now go to question 12 | | |

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| Q11 | Postal address of premises: | | The Quadrant, Onslow Street | |
| | Post Town: | Guildford | Postcode: | GU1 4SG |
| | Telephone Number: | n/a | Email Address: | n/a |
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For Q12 to Q14 reference to premises should be taken to include vehicle, vessel or stall as appropriate.

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| Q12 | Is the whole of the premises to be used as a sexual entertainment venue? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | If not, state the use of the remainder of the premises: | Not yet identified, however development has permission for classes; A1, A2, A3, A3, A4, A5, D2. Please find attached Conservation area consent. | |
| | State the full names of those who are responsible for the management of the remainder of the premises: | Not yet identified | |

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| Q13 | State the nature of the Applicant's interest in the premises: | a. Owner <input checked="" type="checkbox"/> |
| | | b. Lessee <input type="checkbox"/> |
| | | c. Sub-lessee <input type="checkbox"/> |
| | If the Applicant is a lessee or sub-lessee, state: (i) The name and address of the landlord: | n/a |
| | (ii) The name and address of the superior landlord (if any): | n/a |

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| Q14 | Is customer access to the premises: | |
| | Directly from the street or a public thoroughfare? | <input checked="" type="checkbox"/> |
| | From other premises? | <input type="checkbox"/> |
| | Please provide details: | There is direct access from the street, however please refer to plans. |
| Is each customer access from the street to be supervised at all times the premises are open to the public? | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If the answer is No, give full details of proposed door controls and supervision: | | |

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| Q15 | Are the premises being used as a sex shop, sex cinema or sexual entertainment venue at the date of this application? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | If the answer is Yes, state the name and address of the body or person now operating the business: | Name: | |
| | | Address: | |

C. MANAGEMENT OF THE BUSINESS

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| Q16 | State the identity of the person who will be primarily responsible for the day to day management of the business at the premises: | Name: | Michel Wayne Harper |
| | Will that person be based at the premises and will the management of the business there be his/her sole and exclusive occupation: | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Which person(s) will be responsible for the day to day management of the business in the absence of the person named above: | Name: | Nicole Alicia Harper |
| | Confirm that the relief manager(s) or one of them will be based at the premises full time in the absence of the Manager: | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| You should ensure that any person listed in this question is also included in Q2 to Q5 above as appropriate. | | | |

Q17

State all times at which the premises will be used as a Sexual Entertainment Venue, in 24:00 clock

| Day | Start | Finish | Please give further details here: |
|------|---------|--------|--|
| Mon | 12.00PM | 5.30AM | |
| | | | |
| Tue | 12.00PM | 5.30AM | |
| | | | |
| Wed | 12.00PM | 5.30AM | State any seasonal variations: |
| | | | On the occasion of the commencement of British summertime, an extra hour be added to this time. |
| Thur | 12.00PM | 5.30AM | |
| | | | Non-standard timings. Where you intend to use the premises at different times from those listed in the column on the left: |
| Fri | 12.00PM | 5.30AM | |
| | | | From 11.00PM on New Years Eve to 5.30AM on 2 nd January. |
| Sat | 12.00PM | 5.30AM | |
| | | | |
| Sun | 12.00PM | 5.30AM | |
| | | | |

Q18 State proposals in respect of: (A plan of the exterior must be submitted):

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| Exterior Signage: X | Nature: | |
| | Size: | |
| | Images: | |
| | Copy Supplied: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Advertising: X | Nature: | |
| | Size: | |
| | Images: | |
| | Copy Supplied: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Window Displays: X | Nature: | |
| | Size: | |
| | Images: | |
| | Copy Supplied: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Q19 State any proposals for solicitation or advertisement of business in public areas:

| | | |
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| Fliers: X | Images: | |
| | Copy Supplied: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Business Cards: X | Images: | |
| | Copy Supplied: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other: X | Images: | |
| | Copy Supplied: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| Q20 | What means are to be taken to prevent the interior of the premises being visible to passers-by? |
| | Not applicable as four floors above ground, please refer to plans. |

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| Q21 | State what age restrictions are to be applied in respect of admissions, and how are these to be enforced: In answering, state what forms of identity will be accepted. |
| | Admission strictly 18+ Door supervisors will be responsible for age enforcement. Photographic official identification will be required, such as; Passport, driving licence and other recognised forms of identification. |

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| Q22 | State the arrangements for CCTV and for retention of recordings. In answering, state whether all public areas are to be covered by CCTV at all times the business is open and whether the feed from all cameras will be recorded. |
| | Please find attached document 'CCTV Condition' |

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| Q23 | State whether the proposal is for full nudity (nudity is defined as Paragraph 2A(14) of Schedule 3: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | Give full details of the nature of the entertainment: | |
| | Lap Dancing: | Yes |
| | Pole Dancing: | Yes |
| | Stage Strip-tease: | Yes |
| | Other: | Show Dancing |
| State whether arrangements are proposed for private booths or areas. If so, provide full details (highlighted on accompanying plans), including proposals for supervision of such areas. | | There are no proposals for private booths. |

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| Q24 | This question need not be answered in the case of renewals. | |
| A | Set out the system for training all staff in the Code of Conduct for Dancers, and enforcing compliance. <i>(Note: the Code of Conduct must be attached to this form.)</i> | Training of staff will be given and provided by management. All SIA, security and compliance training will be provided by TRIFORCE. |
| B | Set out the system for notifying customers of the Code of Conduct for Customers, and for monitoring and enforcing compliance. <i>(Note: the Rules for Customers must be attached to this form.)</i> | Please refer to attached document 'Code of Conduct for Customers' |

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| Q25 | Set out any further information which you wish the authority to take into account: | |
| | The applicant has successfully operated a venue at this location previously for over five years without intervention or comment from the licensing authority or police. Our systems and protocols will be enhanced for the new premises, as identified. | |
| Q26 | Is there any information on this form which you do not wish to be seen by members of the public? If so, state which information and the reasons why you do not wish it to be seen: | |
| | No | |

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| Q27 | Please use the checklist below to ensure you have completed all parts of the application. Tick to confirm you have enclosed all of the required information documents: | |
| | I have made or enclosed payment of the fee | <input type="checkbox"/> |
| | I have enclosed plans of the premises (scale 1:100) that detail all the relevant information including the designated performance areas, access and egress, etc | <input checked="" type="checkbox"/> |
| | I have enclosed a site plan detailing the location of the premises (scale 1:1250) in relation to the surrounding area | <input checked="" type="checkbox"/> |
| | I have enclosed drawings of the proposed front elevation as existing and as proposed (scale 1:50) | <input checked="" type="checkbox"/> |
| | I have enclosed a copy of any other licences for the premises | <input checked="" type="checkbox"/> |
| | I have enclosed the Code of Conduct for Dancers | <input checked="" type="checkbox"/> |
| | I have enclosed the Code of Conduct for Customers | <input checked="" type="checkbox"/> |
| | I have enclosed a completed Annex A for all individuals named in questions 2 to 5 | <input checked="" type="checkbox"/> |
| | I understand and agree that I must send a copy of my complete application to the Chief Officer of Police no later than seven days after the date of the application | <input checked="" type="checkbox"/> |
| | I understand that I must now advertise my application on or near the Premises for 21 days starting with the date of the application | <input checked="" type="checkbox"/> |
| | I understand that I must advertise the application in a local newspaper within seven days after the date of the application and that a copy of the complete newspaper must be provided to the Licensing Authority in accordance with paragraph 10(8), Schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982 | <input checked="" type="checkbox"/> |
| | Should the information provided in relation to this application form cease to be correct, or if there are any changes in the information provided in the application form between the date the application is submitted and the date it is determined, the Applicant must advise the Licensing Authority immediately. Failure to do so may result in any licence issued being revoked. | |
| | I/we agree to notify the Licensing Authority should any of the information given in this application change. | <input checked="" type="checkbox"/> |

Applicants are information that any person who, in connection with an application for the grant, renewal or transfer of a licence, makes a false statement which he knows to be false in any material respect or which he does not believe to be true, is guilty of an offence and liable, on summary conviction, to a fine not exceeding £20,000.

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| I/We certify to the best of my/our knowledge and belief that the information given in this application is complete and correct in every respect | | <input checked="" type="checkbox"/> |
| Name: | Mrs Nicole Collette Harper | |
| Position in Organisation: | Director | |
| Date: | 15/05/2015 | |

Signature: [Redacted]

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| Q28 | Contact name (where not previously given) and postal address for correspondence associated with this application: | | | |
| | Address: | 1 The Quadrant, Bridge Street | | |
| | Postal Town: | Guildford | Post Code: | GU1 4SG |
| | Telephone Number: | [Redacted] | | |
| | Mobile Number: | n/a | | |
| | Email Address: | [Redacted] | | |

Please return the fully completed form and all attachments to:
**Licensing
Health & Community Care
Guildford Borough Council
Millmead House
Millmead
Guildford
Surrey
GU2 4BB**