

Statutory declaration sheet for application for grant of Sexual Entertainment Venue licence

One of these forms must be completed by: (i) the applicant;
 (ii) all directors of any company applying for a licence; and
 (iii) any other person who will be responsible for the management of the licensed premises

Further copies of this form can be downloaded from our website at:
www.guildford.gov.uk/???

Q1	Full name:	Miss Nicole Alicia Harper
	Former Name (if any):	n/a
	Position in relation to Applicant (e.g. Director, Partner, Manager):	Manager
	Date of Birth:	[REDACTED]
	Gender:	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
	Permanent Residential Address:	[REDACTED]
	If the resident at this address for less than 3 years, state previous address:	

Q2	Have you been a resident in the United Kingdom for more than six months prior to the date of the application?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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	If the answer is No, give the date your residency started:	
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Q3	Have you ever been disqualified from holding a sex establishment licence (sex shop, sex cinema or sexual entertainment venue) under Schedule 3, Paragraph 17 of the Local Government (Miscellaneous Provisions) Act 1982?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If the answer is Yes, give full details:		

Q4	Have you ever been involved in the management of a business, whether as proprietor, director, company secretary, partner, manager, supervisor or otherwise which has had any of the following types of licence refused, refused on renewal, reviewed or revoked?		
	Sex establishment licence	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Licence for the sale of alcohol	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Licence for the provision of entertainment, whether sexual or otherwise	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Personal licence under the Licensing Act 2003	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If the answer is Yes, to any of the above, give full details:		

Q5	Have you ever been convicted of a criminal offence, whether in the United Kingdom or elsewhere?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If the answer is Yes, give full details:				
	Details of previous convictions and/or cautions:				
	Date of Conviction	Court of Conviction	Nature of Offence	Sentence	

Q6	To your knowledge are you currently the subject of any criminal investigation?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If the answer is Yes, give full details:				


Q7	Have you ever had a civil legal action taken against you?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If the answer is Yes, give full details:				

Q8	Have you ever been declared bankrupt or entered into an arrangement with creditors or an individual voluntary arrangement?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If the answer is Yes, give full details:				

Q9	Have you ever been disqualified from acting as a company director?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If the answer is Yes, give full details:				

Q10	Is there any other information which you believe the licensing authority would reasonably expect notice of or you would like the licensing authority to take into account when considering the information you have supplied?
	NO

Q11	Is there any information on this Annex 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

Q12	I declare that I believe the information given above is true and complete in every respect.	
	Name:	Nicole Alicia Harper
	Position in Organisation:	Manager
	Date:	15/05/2015.
	Signature:	
Where the applicant is a body corporate or unincorporated body this application should be signed by a partner, the secretary or a director stating in which capacity it is signed.		