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**CIVIC GOVERNMENT (SCOTLAND) ACT 1982**

**LICENSING OF SEXUAL ENTERTAINMENT VENUES**

**APPLICATION FOR A SEXUAL ENTERTAINMENT VENUE LICENCE**

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| Before completing this form, please refer to the attached noted for guidance.  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.  It is a criminal offence to make any statement which you know to be false or recklessly to make any statement which is materially false. | | | | | | | | | | | | | | | | | | |
| **SECTION 1: TYPE OF LICENCE** | | | | | | | | | | | | | | | | | | |
| **1.1** Specify the type of licence you are applying for | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Please tick one box only | | | | | | | | | | | |
| Grant | | | | | | | o | | | | | | | | | | | |
| Renewal | | | | | | | o | | | | | | | | | | | |
| Material change of circumstances | | | | | | | o | | | | | | | | | | | |
| If the application is for a material change of circumstances, please detail clearly, the nature of the variation:- | | | | | | | | | | | | | | | | | | |
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| **SECTION 2: APPLICANT/LICENCE HOLDER DETAILS** | | | | | | | | | | | | | | | | | | |
| **2.1** Is the applicant: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Please tick one box only | | | | | | | | | | | |
| An individual | | | | | | | o please answer questions 2.2 and 2.3 | | | | | | | | | | | |
| A company or other corporate body | | | | | | | o please answer questions 2.4 to 2.6 | | | | | | | | | | | |
| A Partnership | | | | | | | o please answer questions 2.7 and 2.9 | | | | | | | | | | | |
| **All applicants must then complete Section 3-7** | | | | | | | | | | | | | | | | | | |
| * 1. Individual applicant | | | | | | | | | | | | | | | | | | |
| Title | Surname | | | | | | | First Name(s) | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | |
| Date of birth | | |  | | | | | Place of birth | | | | | | | |  | | |
| Home address (including postcode) | | | | | | | |  | | | | | | | | | | |
| Contact Telephone No: | | | | | | | | Email address | | | | | | | | | | |
| Home:-  Mobile:- | | | | | | | |  | | | | | | | | | | |
| **2.3** Are there any other persons responsible for the management of the premises/business other than those stated in question 2.2? | | | | | | | | | | | | | | | | | | |
| Yes o (Please provide further details below) | | | | | | | | | | No o | | | | | | | | |
| Please state full name, address, date of birth and place of birth | | | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | | Date of Birth | | | | | | | Place of Birth | |
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| Please state the name of the person who will be responsible for the day-to-day management of the premises (i.e. the manager) | | | | | | | | | | | | | | | | | | |
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| **2.4** Name of the Applicant (company name) | | | | | | | | | | | | | | | | | | |
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| Address of registered/principle office (including postcode) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Contact Telephone No: | | | | | | | | Email address | | | | | | | | | | |
| Office:-  Mobile:- | | | | | | | |  | | | | | | | | | | |
| **2.5** Please state full name, home address, date of birth and place of birth and email address of all directors (continue on a separate sheet if necessary | | | | | | | | | | | | | | | | | | |
| Full Name | | Home Address | | | | | | | | | Date of Birth | | | | Place of Birth | | | |
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| **2.6** Are there any other persons responsible for the management of the premises/business | | | | | | | | | | | | | | | | | | |
| Yes o (Please provide further details below) | | | | | | | | | | No o | | | | | | | | |
| Please state full name, address, date of birth and place of birth | | | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | | Date of Birth | | | | | | | Place of Birth | |
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| Please state full name, address, date of birth and place of birth of the person who will be responsible for the day-to-day management of the premises (i.e. the manager) | | | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | | Date of Birth | | | | | | | Place of Birth | |
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| **2.7** Name of the Partnership | | | | | | | | | | | | | | | | | | |
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| Registered address of Partnership (including postcode) | | | | | | | | | | | | | | | | | | |
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| Contact Telephone No: | | | | | | | | Email address | | | | | | | | | | |
| Home/Office:-  Mobile:- | | | | | | | |  | | | | | | | | | | |
| **2.8** Please state full name, home address, date of birth, place of birth and email address of all partners (continue on a separate sheet if necessary | | | | | | | | | | | | | | | | | | |
| Full Name | | Home Address | | | | | | | Date of Birth | | | Place of Birth | | | | | | Email address |
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| **2.9** Are there any other persons responsible for the management of the premises/business other than those stated in question 2.8? | | | | | | | | | | | | | | | | | | |
| Yes o (Please provide further details below) | | | | | | | | | | No o | | | | | | | | |
| Please state full name, address, date of birth and place of birth | | | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | | Date of Birth | | | | | | | Place of Birth | |
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| Please state the name of the person who will be responsible for the day-to-day management of the premises (i.e. the manager) | | | | | | | | | | | | | | | | | | |
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| **SECTION 3: LICENCES** | | | | | | | | | | | | | | | | | | |
| Has anyone named on this application ever been refused a Sexual Entertainment Licence | | | | | Yes o  (if yes, please provide details of which authority refused the licence) | | | | | | | | No o | | | | | |
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| Has anyone named on this application ever had a Sexual Entertainment Licence revoked | | | | | Yes o  (if yes, please provide details on the terms of the revocation) | | | | | | | | No o | | | | | |
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| **SECTION 4: PREMISES DETAILS** | | | | | | | | | | | | | | | | | | |
| Name of the Premises | | | | | | | | | | | | | | | | | | |
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| Premises address (including postcode) | | | | | | | | | | | | | | | | | | |
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| Premises Telephone No | | | | | | | | Premises email address | | | | | | | | | | |
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| Are the premises licensed under the Licensing (Scotland) Act 2005? | | | | | | | | Yes o | | | | | | | | No o | | |
| **SECTION 5: DETAILS OF OPERATION** | | | | | | | | | | | | | | | | | | |
| **Day** | | | | | | **Opening Time** | | | | | | | | **Closing Time** | | | | |
| Monday | | | | | |  | | | | | | | |  | | | | |
| Tuesday | | | | | |  | | | | | | | |  | | | | |
| Wednesday | | | | | |  | | | | | | | |  | | | | |
| Thursday | | | | | |  | | | | | | | |  | | | | |
| Friday | | | | | |  | | | | | | | |  | | | | |
| Saturday | | | | | |  | | | | | | | |  | | | | |
| Sunday | | | | | |  | | | | | | | |  | | | | |
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| Describe the nature/type of the entertainment e.g. lap-dancing, pole dancing, strip tease etc | | | | | | | | | | | | | | | | | | |
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| State the minimum age of any performers | | | | | | | | | |  | | | | | | | | |
| The maximum number of people who will be on the premises at any one time | | | | | | | | | | | | | | | | | | |
| Customers | | | | | | | | | |  | | | | | | | | |
| Performers | | | | | | | | | |  | | | | | | | | |
| Stewards | | | | | | | | | |  | | | | | | | | |
| Other staff | | | | | | | | | |  | | | | | | | | |
| Please provide details of stewarding arrangements | | | | | | | | | | | | | | | | | | |
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| **SECTION 7: CRIMINAL CONVICTIONS** | | | | | |
| Have you or any other person named in this application ever been convicted of any crime or offence (including any spent convictions as defined in the Rehabilitation of Offenders Act 1974)? | | Yes o  (please detail any convictions below – continue on a separate sheet if necessary) | | | No o |
| You need not disclose any convictions which are 'spent' in terms of this Act, but must list below all other convictions against you. This includes convictions for motoring offences and for other offences (e.g. breach of the peace, vandalism). You must also give details of any conditional offers of fixed penalties which you have paid (e.g. endorseable speeding tickets).  Failure to disclose these matters is a criminal offence. If you are unsure of your convictions, a certified copy may be applied for from Police Scotland, Police Station, Loreburn Street, Dumfries (a fee may apply). | | | | | |
| Date | Court | | Offence | Sentence | |
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| **SECTION 8: CHECKLIST AND ENCLOSURES** | |
| I confirm that I have enclosed the following: (please tick) | |
| The relevant application fee of £1824  (please note this fee is non-refundable) |  |
| A location plan of the premises |  |
| A layout plan of the premises (see guidance note) |  |

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| **SECTION 9: DECLARATION AND SIGNATURES** | | |
| I declare that:- | | |
| the particulars given by me on this application form are true and I authorise Dumfries and Galloway Council to make such enquiries with Police Scotland, Scottish Fire and Rescue Service and other agencies as the Council considers appropriate. | | o |
| A public notice advertising this application has been displayed upon the premises from the date the application is received by the Licensing Authority, where it may be conveniently read by the public and will remain thereon for a period of 21 days. | | o |
| Within 7 days of the date of this application, a public notice advertising the application will be publicised in a local newspaper which will be specified by the Licensing authority A copy of the complete newspaper containing the advertisement must be forward to the Licensing Authority. | | o |
| I understand that if I do not comply with any of the above requirements, my application will not be accepted | | o |
| No-one under the ages of 18 years old will be allowed on the premises while sexual entertainment is being provided | | o |
|  | | |
| Signature of applicant or agent. If signing on behalf of the applicant, please state in what capacity | | |
| Signature |  | |
| Date |  | |
| Capacity |  | |
| Contact Telephone number |  | |
| Email |  | |
| **SECTION 10: NOTES** | | |
| Completed application forms should be returned to [licensing@dumgal.gov.uk](mailto:licensing@dumgal.gov.uk) | | |
| Payment can be made by debit or credit card. You will be contacted for payment once your application has been checked and accepted as final. Please provide the most appropriate telephone number for the payment:- | | |
| Requirements for the plans  Location plan  The location plan should be scale 1:1,500 (or more detailed). This should include a legend explaining the scale used and the symbols used. The Location Plan should:   * cover an area with a radius of not less than 1,000 metres from the boundary of the Premises, showing the Premises in relation to surrounding streets and buildings; * identify Sensitive Premises in that area (defined in Part 7 of the Policy Statement).   Layout plan  The plan should be scale 1:100 (or more detailed). This should include a legend explaining the scale used and the symbols used.  The layout plan should describe the premises, including:   1. The extent and dimensions of the external and internal walls of the premises; 2. The location and names of any streets surrounding the premises from which members of the public will have access to the premises; 3. the location and width of each point of access to and egress from the Premises; 4. the location and width of any other escape routes from the Premises; 5. the location of any equipment used for the detection or warning of fire or smoke or for fighting fires; 6. the location of any steps, stairs, elevators or lifts on the Premises; 7. the layout of rooms and features of the Premises (such as stages, bars, cloakrooms, performance areas, and dressing rooms); 8. the extent of the public areas outlined in blue; 9. the staff-only areas outlined in red; 10. the location of any toilets on the Premises (identified as male, female or disabled as appropriate); 11. the location and field of view of any CCTV camera; 12. drawings showing the front elevation as proposed including any proposed signage, advertising and window display; 13. for any stage or raised area, the location and height relative to the floor; 14. the position of any ramps, lifts or other facilities for the benefit of disabled people. | | |

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| **EXPLANATORY NOTES ON THE REHABILITATION OF OFFENDERS ACT 1974** | |
| This Act provides that after a certain lapse of time convictions for criminal offences are to be regarded as "spent".  An applicant for a licence need not disclose spent convictions and the Council will not normally take them into account when deciding upon an application.  Sentences of imprisonment exceeding 30 months duration can never be treated as spent and must be disclosed however long ago they were imposed. The periods of time which must elapse in most other cases before a single conviction becomes spent are set out below:- | |
| **Sentence** | **Rehabilitation period** |
| Over six months imprisonment but under 30 months | 10 years |
| Under six months imprisonment | 7 years |
| A Fine or Community Service | 5 years |
| Conditional discharge, bound over, probation | 1 year or  period of discharge, bound over or probation, whichever is the longer |
| Absolute discharge | 6 months |
| Cashiering, discharge with ignominy or dismissal with disgrace from H M Service | 10 years |
| Dismissal from H M Service | 7 years |
| Disqualification, disability or prohibition | Period of disqualification, disability or prohibition unless a longer period as set out in 1 – 7 above applies |
| The periods of time which must elapse in other cases before the conviction becomes spent vary considerably according to the nature of the offence and other circumstances. The rehabilitation period may, for example, be extended if a further offence has been committed during the rehabilitation period. Further guidance on this may be obtained from the Home Office publication "A Guide to the Rehabilitation of Offenders Act 1974" or from a Solicitor. | |

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| **REHABILITATION OF OFFENDERS ACT 1974**  **APPLICATION TO ALTERNATIVES TO PROSECUTION** |
| The following alternatives to prosecution now come within the framework of the Rehabilitation of Offenders legislation:- |
| (a) has been given a warning in respect of the offence by;  i) a constable in Scotland; or  ii) a procurator fiscal  (b) has accepted, or is deemed to have accepted-  i) a conditional offer issued in respect of the offence under section 302 of the Criminal Procedure (Scotland) Act 1995 (c.46), or  ii) a compensation offer issued in respect of the offence under section 302A of that Act   1. has had a work order made against the person in respect of the offence under section 303ZA of that Act 2. has been given a fixed penalty notice in respect of the offence under section 129 of the Antisocial Behaviour etc. (Scotland) Act 2004 (asp8) 3. has accepted an offer made by a procurator fiscal in respect of the offence to undertake an activity or treatment or to receive services or do any other thing as an alternative to prosecution, or 4. in respect of an offence under the law of a country or territory outside Scotland, has been given, or has accepted or is deemed to have accepted, anything corresponding to a warning, offer, order or notice falling within paragraphs (a) to (e) under the law of that country or territory. |
| The periods before the alternative to prosecution becomes spent are:   * For (a) and (d) it becomes spent at the time of the warning or notice * For the others the “relevant period” before the alternative to prosecutions becomes spent is 3 months from the date on which it was given. |
| However:   * In respect of (b) – (f) if the person is subsequently prosecuted and convicted for the offence which was the basis of the alternative to prosecution, the alternative will not become spent until the end of the period for the offence of which the person has since been convicted |
| The effect of an alternative to prosecution becoming spent is that the person then is treated for all purposes in law as a person who has not committed, been charged with or prosecuted for, or been given an alternative to prosecution in respect of the offence for which the alternative to prosecution was given.  The only circumstances in which “spent” alternatives to prosecution might be considered by the Council’s Licensing Panel is if the Panel is satisfied that justice cannot be met unless reference is made to them. |

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| **Civic Government (Scotland) Act 1982 (as modified by Section 76 of the Air Weapons and Licensing (Scotland) Act 2015)**  **Licensing of Sexual Entertainment Venues** | | D_G-Council-col-logo-pos |
| On  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date of lodging]  an application was made to Dumfries and Galloway Council by | | |
| Full Name of Applicant  or Company/Partnership |  | |
| For the Grant of a licence/renewal of a licence [delete as appropriate] for a Sexual Entertainment Venue at | | |
| Name and address of the premises |  | |

**Anyone wishing to state an objection or representation about this proposal must do so:-**

* **in signed writing (an email on its own is not sufficient);**
* **specifying the grounds of Objection or Representation;**
* **specifying the name and address of the person making it;**
* **stating whether or not the person consents to their name and address being given to the Applicant;**

**The possible grounds for refusal of a Licence are stated in 1982 Act, Schedule 2, Paragraph 9(5).**

**The letter of Objection/Representation must be sent to:**

**The Licensing Manager**

**Dumfries and Galloway Council**

**Kirkbank House**

**English Street**

**Dumfries DG1 2HS**