#### OF A SEX ESTABLISHMENT LICENCE

## \* (insert GRANT/RENEWAL/VARIATION/TRANSFER)

Before completing this form please read the 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.

Please return this form to: Eastbourne Borough Council, 1 Grove Road, Eastbourne, BN21 4TW

You may wish to keep a copy of the completed form for your records.

I/We F. FORTE DEVELOPMENTS LTD.

(insert name/s of applicant/s - please read guidance note 1)

apply for the Grant/Renewal/Variation/Transfer\* of a Sex Establishment Licence for the premises described in Part 1 below (the premises) in accordance with schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982 (\*delete as necessary)

Part 1 - Premises Details (Please read guidance note 2)

Postal address (including trading name, postcode and telephone number of premises)

LUX (FORMALLY KNOWN AS SALON PRIVE)

SE (ON) FLOOR

2A-28 PEVENSTY ROAD

EAST ZOURNE BNZI 3HT.

The premises are a (please tick one):

building O vehicle O stall O

Will the sex establishment occupy the whole premises?

Are the premises currently in use as a sex establishment?

yes o no o

## Part 2 - Applicant Details

Please state whether you are applying for a licence as (Please tick one)

a) an individual or individuals \*

b) a person other than an individual \*

i. as a limited company

ii. as a partnership

iii. as an unincorporated association or

• please complete sections A, C & D

• v please complete sections B, C & D

please complete sections B, C & D

please complete sections B, C & D

Please complete sections B, C &D

### A. Individual Applicant Details (Please read guidance note 3)

Mr O	Mrs 0	Miss 0	Ms	•	Other Title	
Surname				First na	mes	
Date of bir	rth					
Current poincluding (	stal addres	SS				
Telephone	number (if	fany)				
Email addı	ress (option	nal)				
Mr O	Mrs C	Miss	0	Ms O	Other Title	
Surname				First na	mes	
Date of bir	rth					
Current poincluding	ostal addres postcode	SS				
Telephone	number (i	fany)				
Email add	ress (option	nal)				

(Continue on separate page if necessary)

## B. Other Applicants

Please provide name and registered address of applicant in full. Where appropriate please give any registered number.

Name	F. FORTE DEVELOPMENTS LAD
Address including postcode	
Registered number	01229598
Description of applicant (e.g. partnership, company, etc.)	LIMITED COMPANY
Telephone number (if any)	
Email address (optional)	

### C. Description of Trading Activity

The prem	ises will tr	ade as:		SENSE DO CARO		
a sex cinema O				sexual entertainment venue O		
The prem	ises will tr	ade on the fol	lowing day	s and between	en the follow	ing times:
Monday	onday Tuesday Wednesday Thursday		Friday	Saturday	Sunday	
From 22:00	From 22:00	From 22:00	From 22,00	From 22:00	From 22:00	From 22,00
To 04:00	To 04:00	To 04:00	To 04:00	To 04:00	To 04:00	To 04:00

Provide details of the goods to be offered for sale, films to be shown or nature of the entertainment to be provided

PERFORMACE OF EXOTIC DANCING BY MALE MY FINALE DANCERS (NOT MITES)

How will you prevent the interior of the premises being visible to passers by?

THE SECOND FLOOR OF THIST PRIMISTS IS NOT OVERLOOMS)
BY ANY OTHER BUILDING - THEE ARE NO WINDOWS ON
THIS FLOOR.

Provide details of any advertisements or displays to be exhibited, including sizes

EXTERNAL SIGNABLE WILL BE POSITIONED ABOVE THE ENTRANCE
DOOR.

# D. Licensing History

Has any person or the corporate or unincorporated body referred to in this application:-

Been disqualified from holding a licence for a sex establishment?	No
Been refused the grant / renewal / transfer of a licence for a sex establishment?	No
Been convicted of a criminal offence which is not spent?	No
Been the holder of a sex establishment licence when that licence has been revoked?	NO

If 'Yes' to any of the above please provide details: (continue on a separate sheet if required)

Date of Conviction	Court	Nature of Offence	Sentence

### Part 3 - Declaration

### I/We: (Please tick)

- Enclose the fee (Please make cheques payable to Eastbourne Borough Council)
- Understand that the information given may be used in conjunction with other authorities for the prevention and detection of fraud, and will be held on computer, subject to the Data Protection Act 1998.
- Confirm that the information supplied in this application is true to the best of my/our knowledge and belief.

### IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Signatures (Please read guidance note 4)

Signature of applicant/s or applicant/s' solicitor or other duly authorised agent. If signing

on behalf of the applicant please state in what capacity.

Signature/s	810-
Date	05-11-19
Capacity	MCGNSING AGENT

## Contact Details (Please read guidance note 5)

Contact name	
Contact postal address including post code	
Telephone number (if any)	
Email address (optional)	

All applicants are required to send with the application:

- 2 plans showing the area to be licensed;
- Complete all statutory declarations on the form.

### **LICENSING ACT 2003**

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

In acknowledgement of S. 158 of the Act as detailed above:

WE, F.FORTE DEVELOPMENTS Ltd, HEREBY AUTHORISE GRAHAM DOVE, OUR APPOINTED LICENSING AGENT, TO ACT ON OUR BEHALF.

SIGNED

NAME (please print)

(for and on behalf of F.Forte Developments Ltd - Holder of Premises Licence)