



APPLICATION FOR VARIATION 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.

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

I / We JOHN E. SHAYLER
(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, post code and telephone number of premises) SHAYLERS
4 CHURCH STREET
AMPTHILL MK45 2EH

Part 2 - Applicant Details

Please state whether you are applying for a licence as

Please tick yes

- a) an individual or individuals * [checked] please complete section (A & C)
b) a person other than an individual *
i. as a limited company [] please complete all sections
ii. as a partnership [] please complete all sections
iii. as an unincorporated association or [] please complete all sections
iv. other (for example a statutory corporation) [] please complete all sections

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

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	LORD
Surname SHAYLER			First names JOHN		
Date of birth		26 th OCTOBER 1960			
Current postal address including post code		14 GEORGE STREET WOBURN BEDS MK17 9PY			
Telephone number (if any)		07760 784461			
E-mail address (optional)		dickterpin@yahoo.co.uk			
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current postal address including post code					
Telephone number (if any)					
E-mail address (optional)					

(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	
Address including post code	
Registered number	
Description of applicant (e.g. partnership, company, etc.)	
Telephone number (if any)	
E-mail address (optional)	

(C) Description of Trading Activity

The premises will trade as:						
a sex cinema <input type="checkbox"/>		a sex shop <input type="checkbox"/>		a sexual entertainment venue <input checked="" type="checkbox"/>		
The premises will trade on the following days and between the following times:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From 1900hrs	From 1900hrs	From 1900hrs	From 1900hrs	From 1900hrs	From 1900hrs	From CLOSED
To 0030hrs	To 0030hrs	To 0030hrs	To 0400hrs	To 0400hrs	To 0400hrs	To CLOSED

(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 the holder of a sex establishment licence when that licence has been revoked?	NO
If 'Yes' to any of the above please provide details:	
N/A	

Part 3 - Declaration

I/We:

Please tick yes


- Enclose the fee (Please make payable to Central Bedfordshire Council)
- Enclose evidence of identity containing a photograph in respect of each individual applicant / partner / director, as applicable
- Enclose either a criminal conviction certificate or criminal record certificate or the results of a subject access search of the police national computer by the National Identification Service
- Understand that if the above requirements have not been complied with my application will be rejected
- 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.

N/A } Previous supply to Central Beds Council
N/A }

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

(C) 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	
Date	14 th JANUARY 2013
Capacity	LICENSING CONSULTANT

(D) Contact Details (Please read guidance note 5)

Contact name	FRANK FENDER
Contact postal address including post code	REGENT HOUSE 5-7 MELBOURNE STREET BEDFORD MK42 9AX
Telephone number (if any)	07846 747833
E-mail address (optional)	frank@fjlicensingolutions.co.uk.