

**CIVIC GOVERNMENT (SCOTLAND) ACT 1982**  
**APPLICATION FOR A SEXUAL ENTERTAINMENT VENUE LICENCE**

Before completing this form please read the 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.

**SECTION 1: TYPE OF LICENCE**

**1.1** Specify the type of Licence you are applying for:

	Please Tick One Box Only
Grant	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Variation	<input type="checkbox"/>
If the Application is for a Variation, please state the nature of the variation below:	

**SECTION 2: APPLICANT DETAILS**

**2.1** Is the applicant:

	Please Tick One Box Only
Individual	<input type="checkbox"/> Please answer Questions 2.2 & 2.3
Company or other Corporate Body	<input type="checkbox"/> Please answer Questions 2.4 to 2.6
A Partnership	<input type="checkbox"/> Please answer Questions 2.7 to 2.9
<b>All Applicants must then complete Sections 3 – 7</b>	

## 2.2 Individual Applicant

Title		Surname		First Name	
Date of Birth			Place of Birth		
Home Address					
Post Town				Postcode	
Contact Telephone Number			E-Mail 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 above?

YES / NO (if yes please provide details below)

Full Name	Address	Date and Place of Birth

## 2.4 Company or other Corporate Body

Name of Applicant (Company Name)

Address of Registered or Principle Office			
Post Town		Postcode	
Contact Tel No		E:mail Address	
Home:			
Mobile:			

**2.5** Full names, home addresses and dates and place of birth of all Directors  
*(Continue on a separate sheet if necessary)*

Full Name	Address	Date and Place of Birth

**2.6** Are there any other persons responsible for the management of the premises/business?

YES / NO *(if yes please provide details below)*

Full Name	Address	Date and Place of Birth

## 2.7 Partnership

Name of Partnership			
Address of Partnership			
Post Town		Postcode	
Contact Tel No		E:mail Address	
Home:			
Mobile:			

## 2.8 Full names, home addresses and dates and place of birth of all Partners (Continue on a separate sheet if necessary)

Full Name	Address	Date and Place of Birth

## 2.9 Are there any other persons responsible for the management of the premises/business other than those stated in Question 2.8?

YES / NO (If yes please provide details below)

Full Name	Address	Date and Place of Birth

### SECTION 3 : PREVIOUS CONVICTIONS AND LICENCES

<b>3.1</b>	Has the Applicant ever been known by another name?	YES / NO		
If Yes please provide details below:				
<b>3.2</b>	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 / NO		
If Yes please provide details below:				
Date of Offence	Date of Conviction	Name & Place Of Court	Nature of Offence	Penalty/Sentence Imposed
<b>3.3</b>	Has anyone named on this application ever been refused a Sexual Entertainment Licence from East Ayrshire Council?	YES / NO		
If Yes please provide details below:				
<b>3.4</b>	Has the applicant ever had a Sexual Entertainment Venue Licence revoked?	YES / NO		
If Yes please provide details below:				

#### SECTION 4: PREMISES DETAILS

Name of Premises:			
Premises Address:			
Post Town		Postcode	
Contact Telephone No		E-Mail Address	
Home:			
Mobile:			
Are the premises licensed under the Licensing (Scotland) Act 2005?			
YES / NO			

#### SECTION 5: DETAILS OF OPERATION

DAY	OPENING TIME	CLOSING TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Is the proposal for Full Nudity?	
YES / NO	
Describe the nature of the entertainment, e.g. lap-dancing, pole dancing, strip-tease	

**SECTION 6: CHECKLIST AND ENCLOSURES**

I confirm that I have enclosed the following (please tick)	
A layout plan of the premises	<input type="checkbox"/>
A written Code of Conduct for Performers within the Venue	<input type="checkbox"/>
A written Code of Conduct for Customers within the Venue	<input type="checkbox"/>
Written Policies and Procedures for the management of the premises	<input type="checkbox"/>

Advertisement	
I declare that a Public Notice advertising this application has today been displayed upon the proposed premises where it may be conveniently read by members of the public and will remain thereon for a period of 21 days	<input type="checkbox"/>

**SECTION 7: SIGNATURES**

Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on behalf of the applicant, please state in what capacity.
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Signature: .....

Date: .....

Capacity: .....

Contact Name (where not previously given)			
Contact Address			
Post Town		Post Code	
Contact Telephone No		E-Mail Address	
Home:			
Mobile:			

#### NOTES

- Completed application form should be returned to [licensing@east-ayrshire.gov.uk](mailto:licensing@east-ayrshire.gov.uk)
- On receipt of the application a member of the Licensing Team will contact you for payment

#### Requirements for Layout Plan – The Plan must show:

- The layout of the premises including, e.g. stage, bars, cloakrooms, WCs, performance area, dressing rooms, private booths
- The extent of the boundary of the premises outlined in red
- The extent of the public areas outlined in blue
- Uses of different areas in the premises, e.g. performance areas, reception, staff facilities
- Structures of objects (including furniture) which may impact on the ability of individuals to use exits or escape routes without impediment
- Location of points of access to and egress from the premises for the public and performers/staff



- Any parts used in common with other premises
- Position of CCTV cameras
- Where the premises includes a stage or raised area, the location and height of each stage or area relative to the floor
- The location of any steps, stairs, elevators or lifts
- The location of any public conveniences, including disabled WCs
- The location and type of any fire safety and other safety equipment
- The location of the kitchen (if applicable)
- The location of emergency exits

*East Ayrshire Council participates in the National Fraud Initiative and is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for; auditing or administering public funds, or where undertaking a public function, in order to prevent and detect fraud. To find out more about how your information may be used in the National Fraud Initiative please visit [National Fraud Initiative \(NFI\) - East Ayrshire Council \(east-ayrshire.gov.uk\)](http://www.national-fraud-initiative.gov.uk)*

**Any person who in, or in connection with the making of this application, makes any statement which he/she knows to be false, or recklessly makes any statement which is false in a material particular, shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding level 4 on the standard scale.**