



## Annex A

### Local Government (Miscellaneous Provisions) Act 1982 Application for Grant, Variation, Renewal or Transfer of a Sex Establishment Licence

#### Information on Individuals

1.	Full Names:	
2.	Previous name(s) (if any):	
3.	Position in relation to Applicant (e.g. Director, Partner, Manager)	
4.	Date of birth:	
5.	Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/> <small>(* as applicable)</small>
6.	National Insurance Number:	
7.	Permanent Residential Address:	
8.	If resident at this address for less than 3 years, previous address:	
9.	Have you been resident in the UK for more than 6 months prior to the date of the application?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>
10.	Have you ever been disqualified from holding a sex establishment licence under schedule 3, paragraph 17 of the Local Government (Miscellaneous Provisions) Act 1982?  If so, provide full details:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>
11.	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?  If so, provide full details:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>
12.	Have you ever been convicted of a criminal offence, whether in the UK or elsewhere?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>

	If so, provide full details:	
13.	To your knowledge are you currently the subject of any criminal investigation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>
	If so, provide full details:	
14.	Have you ever had civil legal action taken against you?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>
	If so, provide full details:	
15.	Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>
	If so, provide full details:	
16.	Have you ever been disqualified from acting as a company director?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>
	If so, provide full details:	
17.	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?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>
	If so, provide full details:	
18.	Is there any information in the form (Annex A) which you do not wish to be seen by members of the public?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <small>(* as applicable)</small>
	If so, state which information and the reasons why you do not wish it to be seen:	

I declare that the information on this form is true and complete.

Signed:

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Dated:

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