

**APPLICATION FOR GRANT  
ENTERTAINMENT VENUE LICENCE**

**OF A SEXUAL**

**Important Notes**

1. All questions must be answered, save where otherwise stated. If relevant questions are not answered, the application will be deemed incomplete and returned to the Applicant.
2. Any person who, in connection with an application for a grant, renewal or transfer of a sex establishment licence makes a false statement which he knows to be false in any material respect of which he does not believe to be true is guilty of an offence and liable on summary conviction to a fine not exceeding £20,000.

**Part 1 – The Applicant**

1. **ACE COVENTRY LIMITED**

I/We

*(Insert name(s) of applicant)*

**apply for a Sexual Entertainment Venue Licence as described below.**

**2. Please state whether you are applying for a licence as:**

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual  | <input type="checkbox"/>            | please complete section (A) |
| b) a company or other corporate body,<br>incorporated within an EEA State | <input checked="" type="checkbox"/> | please complete section (B) |
| c) a partnership or other unincorporated body                             | <input type="checkbox"/>            | please complete section (C) |

**(A) INDIVIDUAL APPLICANT (fill in as applicable)**

You must complete and submit the form at Annex A for the individual named in this section

		Annex A completed?
Full Name of Applicant		<input type="checkbox"/>
Former Name (if applicable)		

## (B) A COMPANY OR OTHER CORPORATE BODY

You must complete and submit the form at Annex A for all individuals named in this section

<b>Applicant Name</b> (1)	ACE COVENTRY LIMITED
<b>Address</b>	Unit 1 Skydome, Coventry, CV1 3AZ
<b>Registered number</b> (2)	7940884
<b>Telephone number</b>	
<b>E-mail address</b>	c/o robert.sutherland@keystonelaw.co.uk
<b>Previous Name</b> (if applicable) (3)	Robertson Jessel and Co Ltd

1 If your business is registered, use its registered name

2 If business is not registered, put "none"

3 If the Applicant has been formerly known by a different name, please provide details

<b>Please state the names of:</b> <b>(i) the Applicant's Directors;</b> <b>(ii) Company Secretary;</b> <b>(iii) any other persons responsible for the management of the Applicant; and</b> <b>(iv) any persons with a shareholding of greater than 10% in the Applicant</b>		
<u>Position</u>	<u>Name of Individual</u>	Annex A completed?
<u>Director</u>	John Barrett	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

<b>Is the applicant a wholly owned subsidiary of another company or corporate body? If so state the name, place of registration and identity of its Directors and Company Secretary</b>		
Name	NOT APPLICABLE	
Place of registration		
<b>Names of Directors and Company Secretary</b>		
<u>Position</u>	<u>Name of Individual</u>	Annex A completed?

		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

### **(C) A PARTNERSHIP OR OTHER UNINCORPORATED BODY**

You must complete and submit the form at Annex A for all individuals named in this section

<b>Applicant Name</b>	NOT APPLICABLE
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<b>Names of Partners</b>	Annex A completed?
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**Please state the names of than other persons responsible for the management of the Applicant other than the partners.**

<u>Position</u>	<u>Name of Individual</u>	Annex A completed?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**Questions 3-6 to be completed in all cases**

3	<b>Does the applicant have a different trading name from that given above in (A), (B) or (C)? If yes, please provide details.</b>
	<b>CLUB HEAT</b>

4	<b>What is the Applicant's trading address?</b>
	2 Hertford Place Coventry CV1 3JZ

5	<b>Will the business be carried on for the benefit of a person other than the applicant? If yes, please provide full details.</b>
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	NO
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6	<b>Does the applicant operate any other sex establishment? If yes, please provide full details.</b>
	YES CLUB HEAT - CITY ARCADE - THIS APPLICATION IS AS A RESULT OF THE COMPULSORY PURCHASE OF CITY ARCADE.

**End of Part 1**

## Part 2 – The Premises, Vehicle, Vessel or Stall

<b>7</b>	<b>Is the application in respect of a:</b>	<b>Mark as appropriate</b>
	Premises	<input checked="" type="checkbox"/>
	Vehicle	<input type="checkbox"/>
	Vessel	<input type="checkbox"/>
	Stall	<input type="checkbox"/>

**Answer Q8 only where the application is for a premises**

<b>8a</b>	<b>Postal address of premises</b>			
	Club Heat 2 Hertford Place			
	<b>Post town</b>	<b>COVENTRY</b>	<b>Post code</b>	<b>CV1 3JZ</b>
	<b>Telephone number</b>			
<b>8b</b>	<b>Is the whole of the premises to be used as a sex establishment?</b>			<b>Mark as appropriate</b>
	Yes <i>(If 'Yes' move on to Q10)</i>			<input checked="" type="checkbox"/>
	No			<input type="checkbox"/>
<b>8c</b>	<b>If "No", state:</b> (i) the use of the remainder of the premises; (ii) the names of those who are responsible for managing the remainder of the premises.			

**Answer Q9 only where the application is for a vehicle, vessel or stall**

<b>9</b>	<b>Where is it proposed to use the vehicle vessel or store?</b>

<b>10a</b>	<p><b>State the nature of the Applicant's interest in the premises, vehicle, vessel or stall, e.g. owner, lessee, sub-lessee.</b></p> <p>LESSEE</p>
<b>10b</b>	<p><b>If the applicant is a lessee or a sub-lessee, state:</b></p> <p>(i) the name and address of the landlord;  (ii) the name/address of the superior landlord (if any);  (iii) the amount of annual rental;  (iv) the length of the unexpired term;  (v) the length of notice required to terminate the tenancy.</p> <p>1. Westbourne Leisure Limited, Parkfield House, 45 Park Field Road, B46 3LD  2. NA  3. £52,000 per annum  4. five years  5. as agreed</p>

<b>11a</b>	<p><b>State the current use of the premises</b></p> <p>Retro Golf and Cocktails Bar - Managed by John Barrett.</p>	
<b>11b</b>	<p><b>Is there planning permission for the use of the premises, vehicle, vessel or stall as a sex establishment?</b></p> <p>Yes</p> <p>No</p>	<p><b>Mark as appropriate</b></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>
<b>11c</b>	<p><b>If "Yes", state the date of the planning permission</b></p>	
<b>11d</b>	<p><b>If "No", state whether and why the use as a sex establishment is lawful, e.g. because there is a certificate of lawful use, giving full details</b></p> <p>COMPULSORY PURCHASE ORDER BY COVENTRY CITY COUNCIL OF CURRENT TRADING ADDRESS - RELOCATION IS PART OF THAT PROCESS</p>	

<b>12a</b>	<p><b>Are the premises, vehicle, vessel or stall licensed under any other Act, e.g. the Licensing Act 2003?</b></p> <p>Yes</p>	<p><b>Mark as appropriate</b></p> <p><input checked="" type="checkbox"/></p>
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	No	<input type="checkbox"/>
<b>12b</b>	<p>If "Yes", please provide full details including the name of any Designated Premises Supervisor</p> <p>PREMISES LICENCE - HOLDER Westbourne Leisure Limited - copy attached.</p> <p>DPS - JOHN BARRETT</p>	

<b>13a</b>	<b>Does the Applicant intend to obtain a licence under any other Act or to apply to vary any existing licence under any other Act?</b>	Mark as appropriate
	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>13b</b>	<b>Does the applicant intend to operate the sex establishment in conjunction with any other licence?</b>	Mark as appropriate
	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
	If "Yes" to (a) or (b), please provide full details  <b>PREMISES LICENCE AS ABOVE</b>	

<b>14a</b>	<b>Is customer access to the premises, vehicle, vessel or stall:</b>	Mark as appropriate
	Directly from the street or a public thoroughfare?	<input checked="" type="checkbox"/>
	From other premises?	<input type="checkbox"/>
	If from other premises, provide full details	
<b>14b</b>	<b>Is customer access from the street to be supervised at all times the premises are open to the public?</b>	Mark as appropriate
	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
	If "No" give details of proposed door control and supervision	
<b>14c</b>	<b>Are all door supervisors to be licensed with the Security Industry Authority?</b>	Mark as appropriate
	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

<b>15</b>	<b>Are the premises, vehicle or stall so constructed or adapted and laid out as to permit access to, from and within the premises (including WC facilities) for members of the public who are disabled?</b>	Mark as appropriate
	Yes	<input checked="" type="checkbox"/>



	No	<input type="checkbox"/>
	If "No" state the Applicant's proposals for affording such access	

<b>16a</b>	<b>Are the premises, vehicle, vessel or stall being operated as a sex establishment at the date of this application?</b>	Mark as appropriate
	Yes (answer 16b)	[ ]
	No (answer 16c)	XXXX <input type="checkbox"/>
<b>16b</b>	If "Yes" to 16a, please state the name and address of the person or body now operating the business.	
<b>16c</b>	<b>If "No" to 16a, are you preparing to operate the premises, vehicle, vessel or stall as a sex establishment?</b>	Mark as appropriate
	Yes (answer 16d)	X <del>X</del> XXX
	No	<input type="checkbox"/>

### Part 3 – Operation of the Business

<b>17</b>	Under what name will the Business be known?  <b>CLUB HEAT</b>
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<b>18</b>	Has the Applicant entered into any agreement (whether written or oral) in connection with the business, other than a tenancy agreement or lease, for example, a management agreement, partnership agreement or profit share agreement? If so, provide full details together with a copy of any such agreement.  <b>NO</b>
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<b>19</b>	<p>Is the business required to purchase merchandise from a particular person or body? If so, provide full details.</p> <p style="text-align: center;">NO</p>
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<b>20</b>	<p>Set out the Applicant's system for checking the age and right to work in the UK for all employees.</p> <p><b>ALL POTENTIAL STAFF AND PERFORMERS ARE MET BY A MEMBER OF MANAGEMENT PRIOR TO BEING ABLE TO WORK OR PERFORM. THEY ARE REQUIRED TO PROVIDE PHOTOGRAPHIC PROOF OF AGE – A PASSPORT OR DRIVING LICENCE. IF THEY ARE NOT UK CITIZENS THEY ARE REQUIRED TO PROVIDE DOCUMENTARY EVIDENCE OF THEIR ENTITLEMENT TO WORK AT THE PREMISES.</b></p>
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<b>21</b>	<p><b>State the identity of the person who will be responsible for the day to day management of the business at the premises, vehicle, vessel or stall ('the Manager')</b></p>	<p>Annex A completed?</p>
	<p><u>JOHN BARRETT</u></p>	<p><input checked="" type="checkbox"/></p>

<b>22</b>	<p><b>Confirm that the Manager will be based at the premises, vehicle, vessel or stall and that management of the business there will be his/her sole occupation</b></p>	<p>Mark as appropriate</p>
	<p>Yes</p>	
	<p>No</p>	<p><input checked="" type="checkbox"/>XXXX</p>
	<p><b>If "No", provide details</b></p> <p>John Barrett is responsible for the relocation of the business to this location from City Arcade and he will be assisted by the Management of City Arcade Heat and they will relocate with the business - Managers set out in question 23</p>	

<b>23</b>	<p><b>Which person(s) will be responsible for the day to day management of the business in the absence of the Manager ('the Relief Manager(s'))</b></p>	<p>Annex A completed?</p>
	<p>LINDSAY CLARK</p>	<p><input checked="" type="checkbox"/></p>
	<p>BOGDAN CRACIUN</p>	<p><input checked="" type="checkbox"/></p>
		<p><input type="checkbox"/></p>

<b>24</b>	Please detail the times during which it is proposed to open the business		
		<b>Start</b>	<b>Finish</b>
	Monday	18:00	06:00 (THE DAY FOLLOWING)
	<b>Tuesday</b>	18:00	06:00 (THE DAY FOLLOWING)
	<b>Wednesday</b>	18:00	06:00 (THE DAY FOLLOWING)
	<b>Thursday</b>	18:00	06:00 (THE DAY FOLLOWING)
	<b>Friday</b>	18:00	06:00 (THE DAY FOLLOWING)
	<b>Saturday</b>	18:00	06:00 (THE DAY FOLLOWING)
	<b>Sunday</b>	18:00	06:00 (THE DAY FOLLOWING)
	<b>Non-standard timings or specified days:</b> TO INCLUDE ALL BANK HOLIDAYS		

<b>25</b>	<p>What means are to be taken to prevent the interior of the premises being visible to passers-by?</p> <p><b>ALL WINDOWS ARE SCREENED. THERE IS AN ENTRANCE LOBBY PREVENTING VISIBILITY INTO THE AREA WHERE RELEVANT ENTERTAINMENT IS PROVIDED.</b></p>
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<b>26a</b>	<p>State proposals in respect of exterior signage and advertising, including the nature, content and size of such signage and any images to be used.</p> <p><b><i>Please note: a plan of the exterior showing such signage and advertising is required to be submitted with this application</i></b></p> <p>applicant will submit photos of the front of the premises prior to opening for approval from the licensing committee.</p> <p>the signage will be based on the current Club Heat in City Arcade</p>
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<b>26b</b>	<p>What if any window displays are to be exhibited? Please indicate the size and nature of any display</p> <p><b>SEE PHOTOS ATTACHED WITH THE APPLICATION NO CHANGE TO EXISTING DISPLAYS.</b></p>
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<b>27</b>	<p>State any proposals for solicitation of business in public areas, e.g. through fliers, business cards, billboard advertising, personal solicitation or advertising on motor vehicles.</p> <p><b>NO SOLICITATION, NO CHANGE TO CURRENT OPERATION COPY BUSINESS CARDS ENCLOSED WITH APPLICATION.</b></p>
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<b>28</b>	<p>State what age restrictions are to be applied in respect of admissions, and how are these to be enforced. <i>In answering, state what forms of identity will be accepted and whether it is proposed to use electronic identification systems.</i></p> <p><b>ADMISSION TO OVER 18s ONLY. CHALLENGE 25 POLICY IN PLACE. PROOF OF AGE BY DRIVING LICENCE OR PASSPORT ONLY</b></p>
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<b>29</b>	<p>State the arrangements for CCTV and for retention of recordings. <i>In answering, state whether all public areas are to be covered by CCTV at all times the business is open and whether the feed from all cameras will be recorded.</i></p> <p><b>CCTV WILL OPERATE THROUGHOUT THE PREMISES, SAVE CHANGING ROOMS AND WCs. CAMERA LOCATIONS ARE SHOWN ON THE PLAN. ALL CAMERAS RECORD AT ALL TIMES THE PREMISES ARE OPEN TO THE PUBLIC. RECORDINGS ARE KEPT FOR A MINIMUM OF 30 DAYS</b></p>
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**Only answer Q30 where application is for a Sexual Entertainment Venue**

<b>30a</b>	Is the proposal for full nudity?	Mark as appropriate
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	Yes	<input checked="checked" type="checkbox"/>
	No	<input type="checkbox"/>
<b>30b</b>	<p>Give details of the nature of the entertainment, e.g. lap-dancing, pole dancing, stage striptease</p> <p><b>LAP DANCE, POLE DANCE, STRIPTEASE AND ENTERTAINMENT OF A LIKE KIND, ON STAGE AND IN EXCLUSIVE DANCE BOOTH AREAS</b></p> <p>AS CLUB HEAT CURRENTLY OPERATES</p>	
<b>30c</b>	<p>State what if any separation between performers and audience is proposed.</p> <p><b>NO TOUCHING IS PERMITTED BETWEEN PERFORMERS AND AUDIENCE/CUSTOMERS. FOR PERFORMANCES ON STAGE THAT DO NOT INVOLVE STRIPTEASE OR NUDITY, A PATRON MAY BE PERMITTED TO SIT ON A CHAIR ON STAGE AND PERFORMERS MAY TOUCH HEAD AND SHOULDERS WITH THEIR HANDS</b></p> <p>AS CLUB HEAT CURRENTLY OPERATES.</p>	
<b>30d</b>	<p>State whether arrangements are proposed for private booths or areas. If so, provide full details, including supervision for such areas</p> <p><b>PRIVATE/EXCLUSIVE DANCE BOOTHS ARE USED AND NO CHANGE TO THE OPERATION IS PROPOSED. ALL BOOTHS ARE SHOWN ON THE PLANS. ALL BOOTHS ARE COVERED BY CCTV AND MONITORED BY MANAGEMENT AND SIA REGISTERED DOOR SUPERVISOR PATROL</b></p> <p>AS CLUB HEAT CURRENTLY OPERATES.</p>	
<b>30e</b>	<p>Set out the system for training all staff and for monitoring and enforcing compliance.</p> <p><b>TRAINING - INDUCTION REFRESHER TRAINING AT LEAST EVERY 12 MONTHS. RECORDS KEPT. COMPLIANCE MONITORED BY DOOR SUPERVISORS, MANAGEMENT AND CCTV. BREACHES ARE BROUGHT TO THE ATTENTION OF MANAGEMENT WHO WILL CONDUCT AN APPROPRIATE INVESTIGATION AND TAKE APPROPRIATE ACTION.</b></p> <p><b>NO CHANGE TO CURRENT PRACTICE</b></p> <p>AS CLUB HEAT CURRENTLY OPERATES.</p>	

30f	<p>Set out the system for notifying customers of the Rules for Customers, and for monitoring and enforcing compliance. <i>Please note: the Rules for Customers must be attached to this form.</i></p> <p><b>RULES ARE COMMUNICATED TO CUSTOMERS BEFORE ENTERING. NOTICES OF THE RULES ARE POSITIONED PROMINENTLY AROUND THE CLUB. IN ADDITION, PERFORMERS EXPLAIN THE RULES OF A DANCE BEFORE THEY DANCE. ALL STAFF AND SIA DOOR SUPERVISORS MONITOR BEHAVIOUR TO ENSURE COMPLIANCE. CUSTOMERS ARE LIABLE TO BE EJECTED IF THEY DON'T COMPLY.</b></p> <p><b>NO CHANGE PROPOSED</b></p> <p>AS CLUB HEAT CURRENTLY OPERATES</p>
30g	<p>Set out the system for monitoring compliance with the venue's Policy for Welfare of Performers. <i>Please note, the Policy for Welfare of Performers must be attached to this form</i></p> <p><b>MANAGEMENT ENSURE THE WELFARE POLICY IS COMPLIED WITH, PERIODIC CHECKS ARE CARRIED OUT TO ENSURE ALARMS ARE WORKING CORRECTLY. TRAINING RECORDS ARE MAINTAINED TO ENSURE COMPLIANCE. CCTV IS MONITORED AND REVIEWED.</b></p> <p><b>NO CHANGES ARE PROPOSED</b></p> <p>AS CLUB HEAT CURRENTLY OPERATES</p>
31	<p>Set out any further information that you wish the authority to take into account. <b><i>Include here any proposed conditions (you may attach a schedule of such conditions) or any reason relied upon to provide an exception to the authority's Sexual Entertainment Venue Policy.</i></b></p> <p>THIS APPLICATION FOR A GRANT OF AN SEV IS BEING MADE DUE TO THE COMPULSORY PURCHASE ORDER OF CITY ARCADE WHERE CLUB HEAT CURRENTLY TRADES.</p> <p><b>HOURS, CONDITIONS AND POLICIES REMAIN THE SAME NO OTHER CHANGES SOUGHT.</b></p>

<b>32</b>	<p>Is there any information on this form that you do not wish to be seen by members of the public? <i><b>If so, state which information and the reasons why you do not wish it to be seen.</b></i></p> <p><b>PERSONAL INFORMATION OF INDIVIDUALS AS SET OUT IN ANNEX A DOCUMENTS</b></p>
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Checklist	Mark as appropriate
I have completed all relevant section of Parts 1, 2, and 3 of the application	<input checked="" type="checkbox"/>
I have completed Annex A for each person whose details have been included in this application.	<input checked="" type="checkbox"/>
I have completed Annex B	<input checked="" type="checkbox"/>
I have enclosed the relevant fee payment by phone to be made	<input checked="" type="checkbox"/>

### Declaration & Signature

The following declaration must be signed in all cases

Should the information provided in relation to this application form cease to be correct, or if there are any changes in the information provided in the application form between the date the application is submitted and the date it is determined, the Applicant must advise the licensing authority immediately. Failure to do so may result in any licence issued being revoked.

I/We certify to the best of our/my knowledge and belief that the information given in this application is complete and correct in every respect. I/We agree to notify the Licensing Authority should any of the information given in this application change.

Name	Robert Sutherland
Position in organisation	Consultant Solicitor, Keystone Law limited
Date	2ND APRIL 2024
Signature	

## Contact Details

**Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)**

Robert Sutherland  
Keystone Law Limited  
48 Chancery Lane

**Post  
town**

**London**

**Post  
code**

**WC2A  
1JF**

**Telephone number (if  
any)**

020 33193700

If you would prefer us to correspond with you by e-mail your e-mail address (optional) **robert.sutherland@keystonelaw.co.uk**



## **ANNEX B**

### **DOCUMENTS SUPPLIED WITH THIS APPLICATION:**

A site scale plan (1:100)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Drawings showing the front elevation as existing		No <input type="checkbox"/> TO FOLLOW
Drawings showing the front elevation as proposed including signage, advertising and window display.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scale layout plan of premises  Note, the requirements of the layout plan are set out below	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Planning Permission	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Certificate of lawful use or development	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If the Applicant is a company, copies of Memorandum and Articles of Association of the Company	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If the Applicant is a partnership, a certified copy of the Partnership Deed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A copy of any other licences for the premises, vehicle, vessel or stall	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Club rules for Performers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Rules for Customers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Policy for Welfare of Performers.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### **REQUIREMENTS FOR LAYOUT PLAN:**

The layout plan must show;

1. The layout of the premises including, e.g. stage, bars, cloakroom, WCs, performance area, dressing rooms.
2. The extent of the boundary of the premises outlined in red
3. The extent of the public areas outlined in blue.
4. Uses of different area in the premises, e.g. performance areas, reception.
5. Structures or objects (including furniture) which may impact on the ability of individuals to use exits or escape routes without impediment.
6. Location of points of access to and egress from the premises.

7. Any parts used in common with other premises.
8. Position of CCTV cameras.
9. Where the premises includes a stage or raised area, the location and height of each stage or area relative to the floor.
10. Where the premises includes any steps, stairs, elevators or lifts, the location of the same.
11. The location of any public conveniences, including disabled WCs.
12. The position of any ramps, lifts or other facilities for the benefit of disabled people.
13. Any level changes at the entrance to or within public parts of the premises which may be inaccessible to disabled people.
14. The location and type of any fire safety and any other safety equipment.
15. The location of any kitchen on the premises.
16. The location of emergency exits.

## ANNEX A: INFORMATION ON INDIVIDUALS

Name	JOHN BAKERTT.
Former name (if applicable)	
If you have ever been known by a different name, please provide details above	

Position in relation to Applicant (e.g. Director, Partner, Manager)	DIRECTOR.		
Date of birth			
Age			
Gender	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	
Permanent residential address			
If resident at the above address for less than three years, state previous address(es)			
Previous residential addresses and dates at which you were resident at them			

Have you been resident in the United Kingdom for more than six months prior to the date of the application?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have you ever been disqualified from holding a sex establishment licence under Schedule 3 paragraph 17 of the Local Government (Miscellaneous Provisions) Act 1982?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Have you ever been involved in the management of a business which has had any of the following types of licence refused, refused on renewal, reviewed or revoked?			
Sex establishment licence	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Licence for the supply of alcohol	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Licence for the provision of entertainment, whether sexual or otherwise	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Personal licence under the Licensing Act 2003	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	



Have you ever been convicted of a criminal offence, whether in the United Kingdom or elsewhere?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
To your knowledge are you currently the subject of any criminal investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you had any civil legal action taken against you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you ever been served with a winding up order?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you ever been disqualified from acting as a company director?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>

Is there any information in this Annex which you do not wish to be seen by members of the public?	Yes <input checked="" type="checkbox"/> ADDRESS	No <input type="checkbox"/>
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**If you have answered 'yes' to any of the above questions please provide full details below.**

DONT WANT MY ADDRESS PUT ON  
SHOW TO THE PUBLIC

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Declaration			
I declare that the information on this form and true and complete to the best of my knowledge and belief			
Signature		Date	19 / 03 / 2024.



## ANNEX A: INFORMATION ON INDIVIDUALS

Name	Bogdan Craciun
Former name (if applicable)	—
If you have ever been known by a different name, please provide details above	

Position in relation to Applicant (e.g. Director, Partner, Manager)	Area Managen		
Date of birth			
Age			
Gender	Male <input checked="" type="checkbox"/>		Female <input type="checkbox"/>
Permanent residential address			
If resident at the above address for less than three years, state previous address(es)			
Previous residential addresses and dates at which you were resident at them			

Have you been resident in the United Kingdom for more than six months prior to the date of the application?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have you ever been disqualified from holding a sex establishment licence under Schedule 3 paragraph 17 of the Local Government (Miscellaneous Provisions) Act 1982?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Have you ever been involved in the management of a business which has had any of the following types of licence refused, refused on renewal, reviewed or revoked?			
Sex establishment licence	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Licence for the supply of alcohol	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Licence for the provision of entertainment, whether sexual or otherwise	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Personal licence under the Licensing Act 2003	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	



Have you ever been convicted of a criminal offence, whether in the United Kingdom or elsewhere?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
To your knowledge are you currently the subject of any criminal investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you had any civil legal action taken against you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you ever been served with a winding up order?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you ever been disqualified from acting as a company director?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>

Is there any information in this Annex which you do not wish to be seen by members of the public?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<p><b>If you have answered 'yes' to any of the above questions please provide full details below.</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
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Declaration	
I declare that the information on this form and true and complete to the best of my knowledge and belief	
Signature	Date
	11/03/2024



# ANNEX A: INFORMATION ON INDIVIDUALS

Name	LINDSAY CLARK
Former name (if applicable)	
If you have ever been known by a different name, please provide details above	

Position in relation to Applicant (e.g. Director, Partner, Manager)	MANAGER	
Date of birth		
Age		
Gender	Male	Female <input checked="" type="checkbox"/>
Permanent residential address		
If resident at the above address for less than three years, state previous address(es)		
Previous residential addresses and dates at which you were resident at them		

Have you been resident in the United Kingdom for more than six months prior to the date of the application?	Yes	No
Have you ever been disqualified from holding a sex establishment licence under Schedule 3 paragraph 17 of the Local Government (Miscellaneous Provisions) Act 1982?	Yes	No

Have you ever been involved in the management of a business which has had any of the following types of licence refused, refused on renewal, reviewed or revoked?		
Sex establishment licence	Yes	No
Licence for the supply of alcohol	Yes	No
Licence for the provision of entertainment, whether sexual or otherwise	Yes	No
Personal licence under the Licensing Act 2003	Yes	No

Have you ever been convicted of a criminal offence, whether in the United Kingdom or elsewhere?	Yes	No
To your knowledge are you currently the subject of any criminal investigation?	Yes	No
Have you had any civil legal action taken against you?	Yes	No
Have you ever been served with a winding up order?	Yes	No
Have you ever been declared bankrupt or entered into an arrangement with creditors or an Individual Voluntary Arrangement?	Yes	No
Have you ever been disqualified from acting as a company director?	Yes	No
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	Yes	No

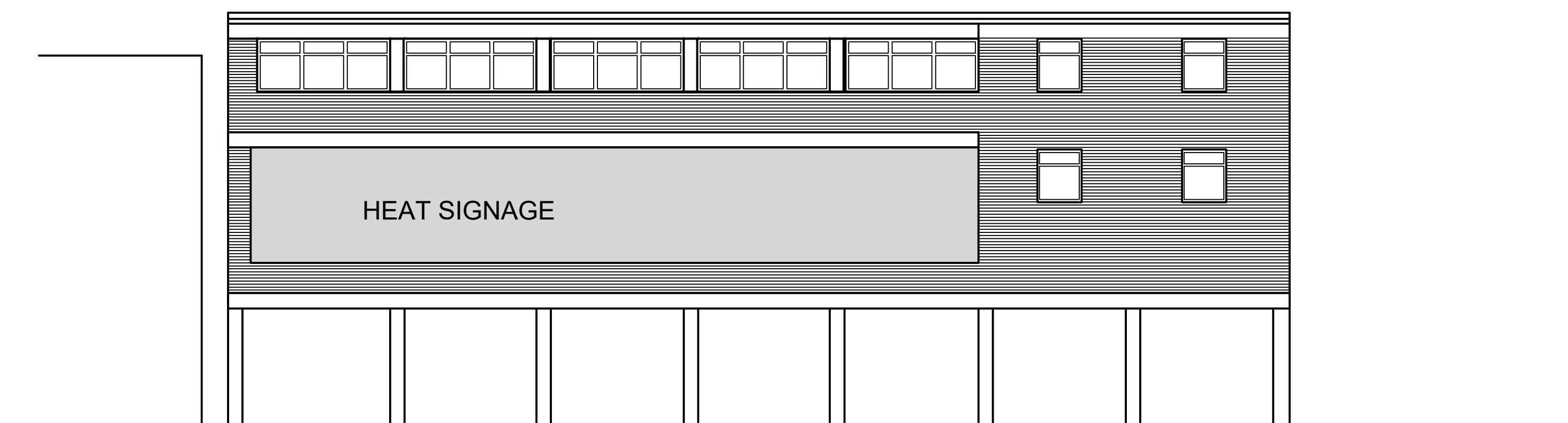
the information you have supplied?

Is there any information in this Annex which you do not wish to be seen by members of the public?	Yes	<input checked="" type="radio"/> No
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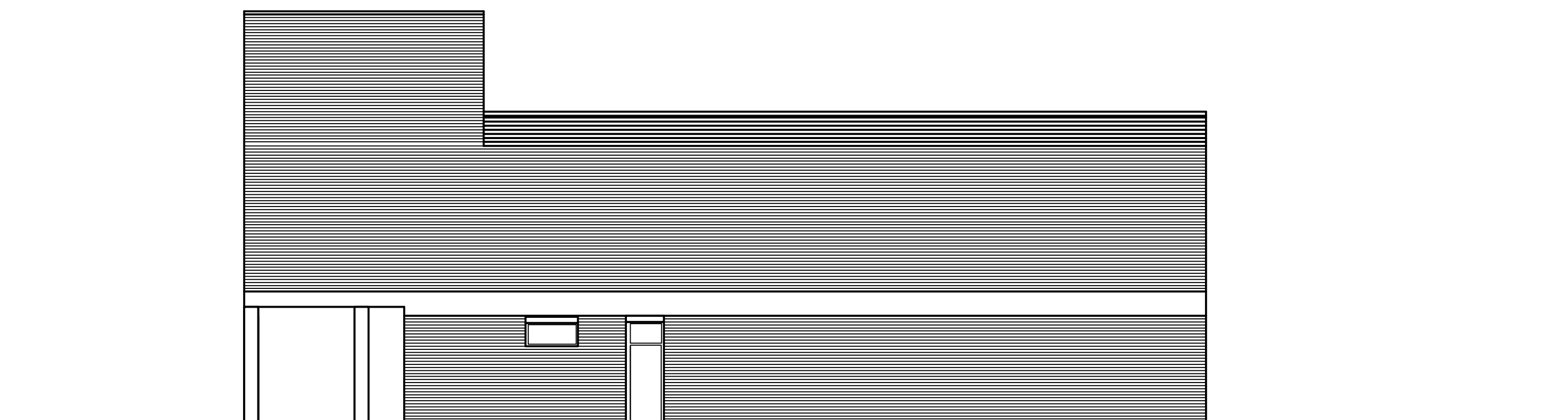
If you have answered 'yes' to any of the above questions please provide full details below.


Declaration <u>LINDSEY CLARK</u>	
I declare that the information on this form and true and complete to the best of my knowledge and belief	
Signature	Date <u>11/03/94</u>





**existing north elevations**



**existing west elevations**



**existing south elevations**

existing elevations  
scale 1/100 @ A1  
scale 1/200 @ A3