

SEX SHOP

Application for a new or renewal of a Sex Shop Licence

This application must be accompanied by the appropriate fee and lodged with:

Licensing Section
City Of Edinburgh Council
249 High Street
Edinburgh, EH1 1YJ
☎ 0131 529 4208
☎ 0131 529 4207

OFFICIAL USE ONLY Record of Application	
DATE	
TILL NO.	
RECEIPT NO.	
INITIALS	
FEE	

NOTES:	YOU MUST ALSO PRODUCE THE FOLLOWING:
	Plans if appropriate (see Notes For Guidance) <input type="checkbox"/>

ALL QUESTIONS MUST BE ANSWERED IN TYPESCRIPT OR BLOCK CAPITALS

Questions in Italics may not apply

If you have ever had a licence of any type you must state the reference no. (on original documentation) here _____

1. DETAILS OF APPLICANT			
Full Name			
Address/Registered Office			
		Postcode	
Telephone Number Home		Tel. No. Business	
Date of Birth (DD/MM/YYYY)	/ /	Age	
Town of Birth		Country of Birth	

Applications by companies must specify full details of Directors etc. on a separate sheet.

2. DETAILS OF MANAGER			
<i>Tick if same as above</i>	<input type="checkbox"/>		
<i>Full Name</i>			
<i>Home Address</i>			
		<i>Postcode</i>	
<i>Telephone Number Home</i>		<i>Tel. No. Business</i>	
<i>Date of Birth</i>		<i>Age</i>	
<i>Town of Birth</i>		<i>Country of Birth</i>	

3. DETAILS OF PREMISES				
Premises Name & Address				
				Postcode
Brief Description				
Are the premises movable?	YES / NO			
<i>If moveable, please describe</i>				
Period applied for	<input type="checkbox"/> 1 Year	<input type="checkbox"/> Period from	/ /	to / /
Proposed Hours of Trading (24 hour format)	Sunday	to	Mon-Thur	to
	Friday	to	Saturday	to

4. UNSPENT CONVICTIONS			
Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named above been convicted of any crime or offence in any Court in the United Kingdom?			YES / NO
If YES please specify any convictions. All unspent crimes and offences must be declared.			
Date of Conviction	Court of Conviction	Nature of Offence	Sentence
<i>Continue on separate sheet if necessary</i>			

5. AGREEMENT			
I/We hereby make application for a Licence to use the above mentioned premises, vehicle, stall or vessel as a sex shop in the above terms and certify that the information given is true and correct.			
I/We acknowledge receipt of a copy of the Notes For Guidance and Standard Conditions attached by the Council to grants of this type of licence. I/We agree that any licence granted to me/us should incorporate these conditions.			
Information supplied on this form may be held on computer and applicants are advised that in processing this application background enquiries will be made which may include reference to personal data held on computer.			
Any applicant who in making an application makes any statement which the applicant 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 of conviction, to a fine not exceeding £500.			
Full Name	AGENT / APPLICANT		
Address			
		Postcode	
Telephone Number Home		Tel. No. Business	
Applicant's / Agent's signature			
Signature		Date (DD/MM/YYYY)	/ /
<i>Manager's signature (if applicable)</i>			

Signature		Date (DD/MM/YYYY)	/ /
-----------	--	----------------------	-----