

SEXUAL ENTERTAINMENT VENUE LICENCE

Application for grant or renewal of a Sexual Entertainment Venue Licence

We only accept electronic application forms and payments. You should upload your fully completed application form together with any required supporting documentation and make payment, by debit or credit card only, using the link below

[Civic & Miscellaneous licence submission form](#)

PLEASE REFER TO THE GUIDANCE NOTES AND OUR SEXUAL ENTERTAINMENT VENUE POLICY BEFORE COMPLETING THIS FORM

THE CHECKLIST AT THE END OF THIS FORM MUST BE FULLY COMPLETED AND SIGNED BEFORE SUBMITTING THE APPLICATION

APPLICATION TYPE - please tick one box only ✓	
NEW LICENCE <input type="checkbox"/>	RENEWAL OF AN EXISTING LICENCE <input type="checkbox"/> *
*Current licence no – if renewal:	*Expiry date:

APPLICANT DETAILS	
Who will the licence holder be - please tick ✓ :	
Company* <input type="checkbox"/>	* Note - We are unable to grant a licence to a 'body corporate not incorporated in the UK'. You must provide all information requested in Parts B, C and also Part D below. Please also note that when the licence is to be held in the name of a company or partnership, <u>documentary proof</u> of the existence of the company/partnership <u>must</u> accompany the application form
Limited Company* <input type="checkbox"/>	
Partnership* <input type="checkbox"/>	
Individual <input type="checkbox"/>	
You must provide all the information requested in Part A below. Part D should only be completed if you have appointed someone to manage the activity on a day to day basis for you.	

Part A	
First name/s	
Surname	
Maiden/Previous name	
Date of Birth	Place of Birth

Home address	
Postcode	
Contact phone no	
Contact email address	
Have you been resident in the UK throughout the 6 month period prior to making this application - please tick ✓:	
Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>The licensing authority cannot grant a licence to a person who was not resident throughout the 6 month period prior to the date this application is made</i>

Part B	
Company Number	
Company/Partnership name	
Registered/Company Address	
Postcode	
Contact no	
Contact email address	

PART C - Please provide details of <u>all</u> Directors or Partners	
First name(s)	
Surname	
Maiden / Previous Name	
Designation	
Date of birth	Place of birth
Home Address	
Postcode	
Contact Phone No	
Contact email address*	

First name(s)	
Surname	
Maiden / Previous Name	
Designation	
Date of birth	Place of birth
Home Address	
Postcode	
Contact Phone No	
Contact email address*	

First name(s)	
Surname	
Maiden / Previous Name	
Designation	
Date of birth	Place of birth
Home Address	
Postcode	
Contact Phone No	
Contact email address*	

Please provide details of any further directors/partners/trustees on a separate sheet

PART D - DAY TO DAY MANAGER – *please provide details of anyone appointed to manage the activity on a day-to-day basis. (this person will also be named on the licence document)*

First name(s)	
Surname	
Maiden / Previous Name	
Designation	
Date of birth	Place of birth

Home Address	
Postcode	
Contact Phone No	
Contact email address*	

PREMISES FOR WHICH THE LICENCE IS REQUIRED - please ✓	
Please specify the type of Premises	Building <input type="checkbox"/> Vehicle <input type="checkbox"/> Private dwelling <input type="checkbox"/> Vessel <input type="checkbox"/> Stall <input type="checkbox"/>
Are the premises currently licenced under the Licensing (Scotland) Act 2005 - please tick ✓	
Yes <input type="checkbox"/>	Premises licence number
No <input type="checkbox"/>	

Name of premises/Trading name	
Address of premises	
Postcode	
Contact phone no	
Contact email address	
Brief description of premises	
Are the whole premises to be included in the licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> * <i>*the layout plan must detail which parts of the premises are to be licensed</i>
Description of activities to be carried on the premises e.g. lap-dancing, pole dancing, etc	

DECLARATION

Any person who, or in connection with, the making of this application makes any statement which he knows to be false, or recklessly makes any statement which is false in a material, shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2,500

I/We confirm that that in submitting this application I consent to the information supplied by me in making this application ("data") being held and processed by the City of Edinburgh Council ("the Council") for its purposes as licensing authority. I understand that data will be disclosed to the Police and other public bodies involved with licensing processing and enforcement, Immigration/Home Office, or National Fraud Initiatives. I understand that the Council is required to enter the data on to its electronic Register of Applications which may be inspected by members of the public

I/We hereby make application for a licence and confirm that:

- (a) The particulars given by me/us on this form are true to the best of my/our knowledge and belief
- (b) I/We have read and understand the standard conditions of licence and acknowledge that these will be attached to any licence granted to me/us
- (c) I/We further certify that I/We will comply with paragraph 7 of schedule 2 of the Civic Government (Scotland) Act 1982

I confirm the above declaration is true

ENCLOSURES

I confirm that I have enclosed the following as required - please ✓

A layout plan of the premises	<input type="checkbox"/>	
Pictures of the exterior design of the building	<input type="checkbox"/>	
A copy of the 'house rules' for performers	<input type="checkbox"/>	
A copy of the code of conduct for patrons	<input type="checkbox"/>	

Advertisement

I confirm that within seven days of the date of this application a public notice advertising this application will be publicised in the local press, and a copy submitted to the Licensing service within three days of publication	<input type="checkbox"/>	
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SIGNATURE OF APPLICANT OR SOLICITOR/AGENT *(delete as appropriate)*

	Date	
Print name		
Address of solicitor/Agent <i>(if signed by Solicitor/Agent)</i>		

CORRESPONDENCE DETAILS

Correspondence name	
Address	
Postcode	
Contact phone no	
email address	