

MAY 23 2014

ANNEX 1



LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

SCHEDULE 3 - CONTROL OF SEX ESTABLISHMENTS



Application for the Grant / Renewal / Transfer of a Sex Establishment Licence Sexual Entertainment Venues

Please complete this application form in ink and block capitals.

Type of application [Grant] [checked] [Renewal] [] [Transfer] []

1. If application is made on behalf of an individual please state:

Full Name: AARON MEUOR
Permanent address:
Age:
Date of birth:
Place of birth:

2. Give full names and private addresses of all directors or other persons responsible for management of the establishment:

Name: DAMIAN CONWAY
Address:
Age:
Date of birth:
Place of birth:

Name: OTHERS TO BE CONFIRMED PRIOR TO VENUE OPENING
Address:
Age:
Date of birth:
Place of birth:

Name:
Address:
Age:
Date of birth:
Place of birth:

Name:
Address:
Age:
Date of birth:
Place of birth:

3. Have you any convictions recorded against you? Or if a body corporate or unincorporated body that body or any of its directors or other persons responsible for its management? If so please state:

Date of Conviction	Offence	Sentence (including suspended sentence)

- (a) All convictions must be disclosed
- (b) Spent convictions, as defined below, should not be included

Sentence	Becomes spent after
Imprisonment of between 6 months and 30 months	10 years
Imprisonment of up to 6 months	7 years
Borstal training	7 years
A fine or other sentence not otherwise covered in this table	5 years
Absolute discharge	6 months
Probation order, conditional discharge or bind over	1 year (or until order expires, whichever is longer)
Detention Centre Order	3 years
Remand home, attendance centre or approved school order	The period of the order and a further year after the order expires
Hospital order under the Mental Health Act	The period of the order and a further 2 years after it expires
Cashiering, discharge with ignominy or dismissal with disgrace from the Armed Forces	10 years
Dismissal from Armed Forces	7 years
Detention	5 years

Note

- (i) A sentence of more than 2½ years imprisonment can never become spent.
- (ii) If you were under 17 years of age on the date of conviction, please halve the period shown in the right-hand column.

4. Have you been resident in the United Kingdom throughout a period of six months immediately preceding the date of this application? YES / ~~NO~~

5. If the application is made on behalf of a body corporate is that body incorporated in the United Kingdom? YES / ~~NO~~

6. Full name and address of premise desired to be used as a sex establishment:

Name	TOP 10 - YORK
Address	FIRST FLOOR, 35 TOFT GREEN, YORK, YO1 6JT

If this application relates to a vehicle/vessel/stall give description and state where it is to be used as a sex establishment:

N/A

7. On which days and hours do you wish to trade:

Monday	0900-0330	Tuesday	0900-0330	Wednesday	0900-0330	Thursday	
Friday	0900-0330	Saturday	0900-0330	Sunday			

2100 HRS TO 0330 HRS DAILY + ON DAYS WHEN RACING IS TAKING PLACE AT YORK RACECOURSE FROM 1800 HRS TO 0330 DAILY.

8. Are the premises licensed under the Licensing Act 2003? YES / NO
9. Are you (or, if a corporate or unincorporated body, that body) disqualified from holding a licence for a sex establishment? YES / NO
10. Have you ever been refused a licence for a sex establishment? YES / NO

If yes please give details

11. In the case of a transfer:

Name of Existing Licensee _____ being the existing licensee of the within named premises hereby consent to the transfer of licence to _____

Signature _____ (AARON MELLOR) Date 2/5/14

I declare that I have checked the information given on this application form and to the best of my knowledge and belief it is correct, and that:

- (a) The fee is enclosed.
- (b) A copy of the application has been served on North Yorkshire Police, Headquarters, Fulford Road, York, YO10 4BY.
- (c) A notice publicising this application will be displayed for 21 days beginning with the date of the application on or near the premises and in a place where it can conveniently be read by the public.
- (d) Notice of the application will be given by publishing an advertisement in a local newspaper circulating in the local area. The publication of the notice shall not be later than seven days after the date of application.

Please provide contact details for correspondence associated with this application:

Name	SARAH SMITH
Address	SINTONS SOLUTIONS, THE CURB, BARRACK ROAD, NEWCASTLE UPON TYNE, NE4 0DB.
Contact Number / Email	

Signed _____ (AARON MELLOR) Date 2/5/14

when completed this form should be returned to:

City of York Council
Licensing Services,
Hazel Court EcoDepot,
James Street York, YO10 3DS