

**DORSET COUNCIL**

South Walks House, South Walks Road, Dorchester, Dorset, DT1 1UZ



**SEX ESTABLISHMENT RENEWAL APPLICATION FORM**

This application is made under the Local Government (Miscellaneous Provisions) Act 1982

Sex Shop  Sex Cinema  Sexual Entertainment Venue  (please tick)

The applicant/s may wish to consult the Council's Sex Establishment Policy prior to completion of this application.

Please use **BLOCK CAPITALS**

**1. Applicant Details**

Surname	Forename	Title (Mr/Mrs/Miss/Ms/Other)	Date of Birth
WELLHOT LTD			
Address* OSS IND. PARK		e-mail	
CLAYBANK ROAD		Telephone no.	
PORTSMOUTH		Alt Telephone no.	
		Fax	
Postcode PO3 5SX		Mobile	

*\*if a Body Corporate, name of Body and Registered Address*

Important note, In the case of a Company/Partnership being the applicant please use additional paper to provide full names, private addresses, and dates of birth, of all directors or persons responsible for management of the establishment, or partners of a Partnership.

**2. Additional information** (not required if applicant is Body Corporate)

Ethnic origin

[Redacted area]

**3. The Premises** (If this application relates to vehicle/vessel/stall give description of where it is to be used)

Name	WIGGLE	Telephone no.	
Address	33, NEW STREET	Alt. Telephone no.	
	WEYMOUTH	Fax	
	DORSET		
Postcode	DT4 8DB		

P.T.O

#### 4. Declaration

	Yes	No
Are any of the applicants disqualified from holding a licence for a sex establishment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have any of the applicants previously been refused a licence for a sex establishment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If 'Yes' Please provide details _____		
Have any of the above applicants ever been convicted of any offence under the 1982 Act?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If 'Yes' Please give details		
Offence _____		
Date Of Conviction _____		
Date spent (if Known) _____		
Court _____		

#### 5. Your Signature

On signing this form you declare that any information you have provided is true and complete in every respect. The giving of false information may result in revocation of the licence and possible enforcement action taken against you that may result in prosecution.

I/We enclose the relevant application fee (£720.00)

I/We enclose the relevant Criminal Record Check/s (Standard Disclosure)

I/We have forwarded a copy of this application to the Chief of Police, Licensing Section, Bournemouth Dorset Police, 5 Madingley Road, Bournemouth, Dorset, BH1 1QQ

Signature \_\_\_\_\_ Date 18-11-21

Print Name Jaspal Ojla

#### Notes

1. A licence may only be granted to an individual over the age of eighteen or a body corporate

2. A licence is valid from the date of issue.

This form should be returned to:

Licensing, Dorset Council, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ

#### Data Protection Act 1998

Dorset Council (the Data Controller) will use and manage the personal information supplied on this form for the purpose of processing your application in accordance with that set out in the above Act.

The information that you supply will be secure and protected against unauthorised access and use.

If any of the information supplied, is to be processed outside of Weymouth and Portland Borough Council we will obtain your consent to do so. If any information is of a sensitive nature (i.e health matters) we will always obtain your consent before it is processed.

You have the right to see personal information that we hold about you. For further details contact the Councils Corporate Data Protection Officer, Dorset Council, South Walks House, South Walks Road, Dorchester, Dorset, DT1 1UZ