

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982
APPLICATION FOR A LICENCE FOR A SEX ESTABLISHMENT

1. NATURE OF APPLICATION

Please state type of application you are applying for:

Grant
Renewal
Transfer

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

2. PREMISES TO BE LICENSED

Business name of Premises:

AF Southern Ltd

Address of Premises:

105 Fisherton Street
SP2 7SP

3. APPLICANT DETAILS

Full Name:

Nicky Honeybun

Current Residential Address:
(If a Body Corporate/Unincorporate
please give name of Body and address
of Registered Office)

[REDACTED]

Telephone Number:

[REDACTED]

Mobile Number (optional):

Have you held a Licence for a Sex
Establishment in the 12 months
immediately preceding the date of this
application?

YES/NO

[REDACTED]

If YES, please give address of premises

Has the Licence been revoked?

YES/NO

Have you been refused a Licence in
respect of the premises that are the
subject of this application within the 12
months immediately preceding the date
of this application?

YES/NO

4. IF APPLYING AS AN INDIVIDUAL PLEASE COMPLETE THE FOLLOWING QUESTIONS

Date of Birth:	
Are you resident in the UK?	YES/NO
Have you been resident in the UK for the 6 months immediately preceding the date of this application?	YES/NO

5. OTHER PERSONS RESPONSIBLE FOR MANAGEMENT

Provide details of all Directors/Other Persons responsible for management	Name	Address	Capacity	Date of Birth

6. DETAILS OF PREMISES	
Is the premises: <ul style="list-style-type: none"> • A building or other permanent structure • A vehicle • A vessel • Other 	YES/ NO YES/ NO YES/ NO YES/ NO (please describe the premises)
Full postal address of premises:	105 Fisherton Street Salisbury SP2 7SP
Telephone numbers (s) of premises:	Landline: XXXXXXXXXX Mobile:
What name is the premises to be known by?	My Amazing Fantasy
Is the whole of the premises to be used under the licence?	YES/ NO If NO, please describe how each part of the premises is to be used (include reference to plan)
Are the premises currently authorised under the Licensing Act 2003?	YES/ NO If YES, please provide a copy of the Licence.
Is relevant planning consent in place enabling the premises to operate as a sexual entertainment venue?	YES/ NO If YES, please provide a copy of the consent. If NO, please give reasons why and provide any evidence of current lawful use of the land or action being taken to remedy the lack of consent.
Is customer access to the premises: <ul style="list-style-type: none"> • From the street or a public thoroughfare? • From other premises? 	YES/ NO If YES, please identify the street or thoroughfare if different from the premises address. YES/ NO If YES, please provide full details of other premises.
Is each customer access to be supervised by appropriately registered door staff at all times the premises are open to the public?	YES/ NO If NO, please provide full details of proposed door control and supervision.

7. OPERATION OF THE PREMISES			
Provide details of the times during which the premises will be open to the public. (please use 24 hour clock)	Monday	10am to 7pm	
	Tuesday	10am to 7pm	
	Wednesday	10am to 7pm	
	Thursday	10am to 7pm	
	Friday	10am to 7pm	
	Saturday	10am to 7pm	
	Sunday	10am to 4pm	
Please provide details of the times during which it is proposed relevant entertainment will be provided. (please use 24 hour clock)	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		
What age restrictions are to be applied in respect of admission to the premises and how are these to be enforced?	Over 18 only, staff member to check on entry.		
What are the arrangements for CCTV: <ul style="list-style-type: none"> Monitoring; Access by authorised bodies to CCTV images; Retention of images; Production of removable images for Police or authorised officers of the Licensing Authority. 	cctv is available to authorities at request. Video records are held for 14 days then deleted.		
Please indicate the relevant entertainment that is proposed to be carried out in the venue and then indicate YES or NO to full nudity:	Lap Dancing	x	YES/NO
	Pole Dancing		YES/NO
	Stage Strip-tease		YES/NO
	Table Dancing		YES/NO
	Strip Shows		YES/NO
	Live Sex Shows		YES/NO
	Other		YES/NO
Please indicate if the premises is to be used as a Sex Cinema	YES		NO

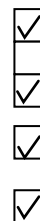
8. GENERAL MANAGEMENT OF THE PREMISES	
Describe the system in place for training in respect of the Code of Conduct for Performers, and for monitoring and enforcing compliance.	NA
Describe the system for notifying customers of the Rules for Customers, and for the monitoring and enforcing compliance.	Staff receive traingin which is ongoing. Over 18 only on the premises.

9. TO BE COMPLETED IF THE BUSINESS IS TO BE MANAGED BY OR CARRIED ON FOR THE BENEFIT OF A PERSON OTHER THAN THE APPLICANT				
Name	Address	Status	Date of Birth (if applicable)	Share holding if a Corporate Body
Has the above held a Licence for a Sex Establishment in the 12 months immediately preceding the date of this application?				YES/NO
If YES, please give details:				
Has the Licence been revoked?				YES/NO
Has the above been refused a Licence in respect of the premises that are the subject of this application within the 12 months immediately preceding the date of this application?				YES/NO
Has the above been convicted of a criminal offence?				YES/NO
If YES, please give full details:				
If the above is an individual are they resident in the UK?				YES/NO
Has the above been a resident in the UK for the 6 months immediately preceding the date of this application?				YES/NO
If the above is a Body Corporate is it incorporated in the UK?				YES/NO

10. FURTHER DETAILS – to be completed in relation to a sex shop application only	
What articles are to be offered for sale?	R18 DVD Toys Lingerie
If this application relates to a Sex Shop, are any part of the premises to be used for displaying films, videos or other moving pictures?	YES/NO
What advertisements or displays are to be exhibited?	Lingerie models, some toy displays. Nothing rated 18.
Please give details:	

CHECKLIST

- Fee has been made or enclosed (**non-refundable**)
- Enclosed Birth Certificate (if individual)
- Enclosed Certificate of Incorporation (if Corporate Body)
- Three passport size photographs of the applicant and any person responsible for management of the premises at any time (applicable to sex shop application only)
- A plan or plans of the premises to the scale of 1:50 or thereabout with details of layout



Please Note: The following must be supplied to the Council within 10 days of this application.

A copy of the publication containing Notice of this application
A copy of the Notice exhibited outside the premises

DECLARATIONS

Any person who, in connection with an application for the grant, renewal or transfer of a Licence for a Sexual Entertainment Venue, makes a false statement which he/she knows to be false in any material respect of which he does not believe to be true shall be liable to prosecution under Paragraph 21 of Schedule 3 of the Local Government (Miscellaneous Provisions) Act 1982 and on summary conviction shall be liable to a fine of up to £20,000.

The following declaration must be signed in all cases:

- If the applicant is an individual, by that individual
- If the applicant is a partnership, by all individuals who are partners
- If the applicant is a Company, by a Director or the Company Secretary
- In any other case, by a duly authorised officer of the applicant

I/we enclose the requisite fee.



I/we acknowledge that I/we must serve a copy of this application on the Chief of Police within 7 days of the application being submitted to Wiltshire Council.



I/we acknowledge that I/we must ensure that 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.



I/we acknowledge that I/we must publish a Notice of Application in a newspaper circulating in the local area not later than seven days after the date of application.




I/we agree to forward a complete copy of the Notice of Application to the Council within seven days of the date of application.



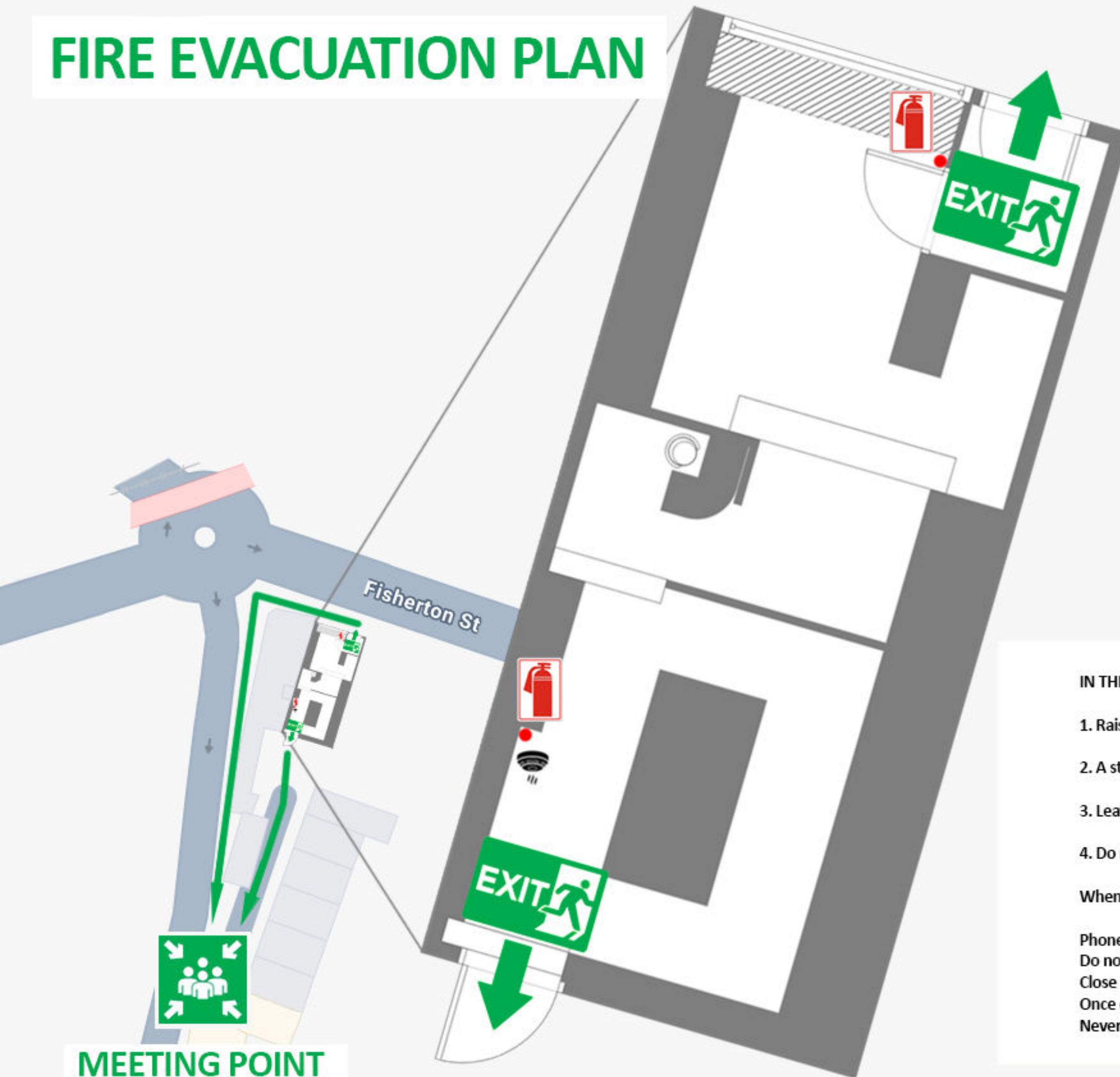
I/we certify to the best of my/our knowledge and belief that the information provided in connection with this application is complete and correct in every respect.



I declare my answers to the above questions to be true and complete to the best of my knowledge and belief.

	1.	2.	3.	4.
Signature:				
Print Name:	Nick Honeybun			
Capacity:	Director			
Date:	14-10-25			

FIRE EVACUATION PLAN



IN THE EVENT OF A FIRE:

1. Raise the alarm and let everyone in the store know about the fire.
2. A staff member will extinguish the fire if possible.
3. Leave the store via the nearest fire exit.
4. Do not delay your escape by saving valuables.

When you escape and the store is empty:

Phone 999 and request the fire service, giving the full address.
Do not attempt to investigate the fire.
Close doors behind you, reducing the spread of the fire.
Once out, make your way to the designated meeting point.
Never go back into the building.