



Application Form: Sexual Entertainment Venue Licence
Schedule 3, Local Government (Miscellaneous Provisions) Act 1982

NOTE: If additional information is submitted on separate sheets please quote the relevant question number in relation to the additional information provided.

Is the application an application for:		(please tick where appropriate)
	(a) grant of a sexual entertainment venue licence	
X	(b) renewal	
	(c) transfer	
	(d) variation	

1	Applicant's details	
1.1	Is the Applicant:	(a) an individual
1.2	Full name of applicant	ALAN BROOK
1.3	Give the following information on behalf of the applicant: (a) Telephone number(s) (b) Address to which communications are to be sent (c) If different from the address in (b) above, the Applicant's permanent address (if an individual) or registered or principal office (if a company etc)	XXXX 100 Nantwich Road Crewe Cheshire CW2 6AT XXXX
1.4	If the applicant is an individual please supply the following information: (a) Date of Birth (b) Place of Birth (c) Date on which became a UK resident (if not born in the UK)	XXX XXXX
1.5	If the applicant is a body corporate or an unincorporated body please provide the	[Please continue on a separate sheet if required]

	following information in respect of each of the Directors, the Company Secretary or other persons responsible for the management of the body. In the case of a partnership provide details of each partner (a) Full name (b) Address (c) Capacity (d) Date of Birth (e) Place of Birth (f) Date on which became a UK resident (if not born in the UK)	
1.6	Where the applicant is a company please answer the following questions. (a) Is the applicant a wholly or partly owned subsidiary of another company? If the answer to (a) is yes please provide details of the parent company or holding company. (b) What type of company is the applicant? (c) In what country is the company incorporated? (d) What is the date of incorporation of the company? (e) Is the applicant or any person whose name is given in response to question 1.5 concerned in any way with other businesses which controls or manages sex establishments? If yes please provide details.	
1.7	What is the nature of the applicant's interest in the Premises? If the applicant's interest is leasehold please provide the details of the landlord.	((b) Leasehold XXXX c/o 100 Nantwich Road Crewe Cheshire CW2 6AT

1.8	Is the whole of the business owned by the applicant? If not, please provide details of the individual/company which owns the remainder of the business	Yes
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2	Premises Details	
2.1	Address of Premises	100 Nantwich Road Crewe Cheshire CW2 6AT
2.2	Telephone number of Premises	XXXX
2.3	Are the whole of the Premises to be used under the Licence? If no, please describe (by reference to a plan if necessary): (a) which part of the Premises are to be used for the purposes of the Licence: (b) the use to which the remainder of the Premises are put; (c) the names of those who are responsible for the management of the remainder of the Premises.	Yes
2.4	Are the Premises constructed or adapted so as to permit access to and from the Premises for members of the public who are disabled? If the answer is no, please provide information in relation to the applicant's proposals for affording such access.	No Staff will assist anyone who needs assistance.
2.5	Are the Premises in use as a Sexual Entertainment Venue at the date of this application? If the answer is yes, please give the name and address of the persons or body who now operate the business and (if known) the date upon which the Premises were first used for these purposes.	No - This application is for a Sex Shop which has been trading and annually licenced by Crewe Council since 2005

3	Details of the Business	
3.1	Under what business or trading name will be the business be known?	Temptations
3.2	Please provide details of the times (days and hours) during which the Premises is proposed to be open to the public.	9am – 6pm Monday to Saturday
3.3	Please provide details of the form of 'Relevant Entertainment' to be provided at the premises and the level of nudity proposed.	Not applicable

4	Persons responsible for management
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4	Persons responsible for management		
4.1	Please provide the following information in relation to each individual who is to be responsible for the management of the Premises in the absence of the Licence Holder: (a) Full name (b) Address (c) Capacity (d) Date of Birth (e) Place of Birth (f) Date on which became a UK resident (if not born in the UK)	XXXX XXXX XXXX XXXX	

7	Previous refusals and convictions		
7.1	Have the Applicant ever been refused or had a Sexual Entertainment Licence revoked by any licensing authority? If yes, please provide full details (please continue on a separate page if necessary)	Yes / No	No
7.2	Does the Applicant or any individual named in response to questions 1.5 or 4.1 have previous convictions or cautions? If the answer is yes, please provide of a separate sheet the following information in relation to each individual who has a previous conviction or caution: (a) Name (b) Date of conviction (c) Convicting court (d) Nature of conviction (e) Sentence	No No, as all previous convictions are spent, however Current Statutory Declaration Attached	

7	Previous refusals and convictions	
7.3	Have you any reason to believe that a prosecution may be pending against the Applicant or any of the individuals named in response to questions 1.5 or 4.1? If yes please provide details	No
7.4	Is there in force against the applicant or any of the persons named in response to question 1.5 a disqualification from holding a licence for a sex establishment under the Local Government (Miscellaneous Provisions) Act 1982?	No

8	Additional details	
8.1	Please provide any additional information which the applicant would wish the Council to take into account when considering this application.	[please continue on a separate page if necessary]

APPLICANTS ARE REMINDED THAT ANY PERSON WHO, IN CONNECTION WITH THE APPLICATION FOR THE GRANT, RENEWAL OR TRANSFER OF A SEXUAL ENTERTAINMENT VENUE LICENCE MAKES A FALSE STATEMENT WHICH HE KNOWS TO BE FALSE IN ANY MATERIAL RESPECT OR WHICH HE DOES NOT BELIEVE TO BE TRUE, IS GUILTY OF AN OFFENCE AND LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING TWENTY THOUSAND POUNDS (£20,000)

	Declaration	
	I hereby declare that the above information is true to the best of my knowledge and belief.	
	Signature	AJBrook
	Name	Alan Brook
	Capacity	Applicant
	Date	05/08/2025

We will use the information you give in this form and in any supporting documentation you send us, to process your application. We may check information you have provided, or information about you that someone else has provided with other information held by us. We may also get information about you from certain third parties, or give them information to:

- make sure the information is accurate
- prevent or detect crime, and
- protect public funds

These third parties include Government departments, other departments of the Council and other local authorities. We will not give information about you to anyone else unless the law allow us to.

Please submit the completed application to the Licensing Section at the relevant address provided below:

	Crewe & Nantwich 0300 123 5015	Macclesfield 0300 123 5015
LICENSING AUTHORITY Cheshire East Borough Council	Licensing Section Delamere House, Delamere Street, Crewe, CW11 2LL	Licensing Section Macclesfield Town Hall Market Place, Macclesfield, Cheshire SK10 1DX