



**Blackpool**  
**Application for a sex shop and cinema licence**  
**Local Government (Miscellaneous Provisions) Act**  
**1982**

For help contact  
[licensing@blackpool.gov.uk](mailto:licensing@blackpool.gov.uk)  
 Telephone: 01253 478397

\* required information

### Section 1 of 13

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference  This is the unique reference for this application generated by the system.

Your reference  You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes  No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

### Applicant Details

\* First name

\* Family name

\* E-mail

Main telephone number  Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

### Applicant Business

\* Is your business registered in the UK with Companies House?  Yes  No

\* Registration number

\* Business name

\* VAT number

\* Legal status

If your business is registered, use its registered name.

Put "none" if you are not registered for VAT.

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\* Your position in the business

Home country

The country where the headquarters of your business is located.

**Registered Address**

Address registered with Companies House.

\* Building number or name

\* Street

District

\* City or town

County or administrative area

\* Postcode

\* Country

**Section 2 of 13**

**FURTHER DETAILS ABOUT THE APPLICANT**

\* Are you applying as an individual (includes sole traders)?

Yes  No

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**DIRECTORS, PARTNERS, OWNERS AND MANAGERS**

You must provide details of all COMPANY DIRECTORS and the SECRETARY (if the applicant is a company), all PARTNERS (if it is a partnership), OFFICE BEARERS (if it is a club or association), all OWNERS of the business or premises and all MANAGERS of the business or organisation, including day-to-day MANAGERS OF THE PREMISES. Check for local guidance notes and conditions which may clarify exact requirements.

\* Are there any such people for whom you need to provide details?

Yes  No

**Provide The Following Details About Each One Of Them**

\* Position

E.g. director, partner, day-to-day manager.

**Full Name**

\* First name

\* Family name

Former name(s)

If currently or previously known by any other name(s), you must record them here.

Continued from previous page...

**Home Address**

\* Building number or name

\* Street

District

\* City or town

County or administrative area

\* Postcode

\* Country

**Contact Details**

E-mail

Main telephone number

Other telephone number

**Further Details**

\* Date of birth  /  /   
dd mm yyyy

\* Place of birth

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**TYPE OF APPLICATION**

Type of application:

- New       Renewal       Temporary (Scotland only)

\* Existing license number

\* Expiry date

Specify the period for which the licence is required (if applicable)

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**PREMISES TO BE LICENSED**

**Type Of Premises**

- Building
- Vehicle
- Vessel
- Stall

Continued from previous page...

\* Name of premises/  
trading name

VIP's

**Premises Address**

Is the address the same as (or similar to) the address given in section one?

Yes

No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

\* Building number or name

15-17

\* Street

Queen Street

District

\* City or town

Blackpool

County or administrative area

\* Postcode

FY1 1NL

\* Country

United Kingdom

**Contact Details**

Are the contact details the same as (or similar to) those given in section one?

Yes

No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail

\* Main telephone number

Other telephone number

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**DETAILS OF THE PREMISES**

\* Type of sex establishment (check all that apply):

- Sex shop
- Sex cinema (England, Wales and Northern Ireland only)
- Sex encounter establishment (London only)
- Hostess bar (London only)
- Sexual entertainment venue (England and Wales only)

\* Provide details of the goods to be offered for sale, films to be shown, the entertainment to be provided and/or (for London only) nature of the sex encounter provided

Topless only striptease

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\* Will the sex establishment occupy the entire premises?

Yes  No

\* Which parts of the premises will be used for the sex establishment?

1st & 2nd Floor

\* What will the rest of the premises be used for?

Public Bar with seperate entrance

\* How will you prevent the interior of the premises being visible to passers by?

Suitable screening as previously approved by Licensing team

\* Provide details of any advertisements or displays to be exhibited, including sizes

Small VIP'S Sign above door with signage on 1st floor balcony (All letters) No images

\* Are the premises currently in use as a sex establishment?

Yes  No

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#### OPENING TIMES

Give details of proposed opening times for each day of the week

\* Day or days

\* From

\* To

### Section 8 of 13

#### OWNERSHIP OF THE PREMISES AND THE BUSINESS

\* In what capacity do you occupy the premises?

- Freehold  
 Leasehold  
 Tenant  
 Other

\* Give details of the lease, tenancy or other arrangement, including the name and address of the landlord

David Moseley, [REDACTED]

\* Is the applicant sole owner of the business?

Yes  No

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\* Is the applicant a partly or wholly owned subsidiary of another company?

Yes  No

**OTHER BUSINESS INTERESTS**

\* Is the applicant, or any person named in this application, involved in any way with any other similar establishment?

Yes  No

\* Provide details, including the name and address of the establishment and the nature and extent of the interest

Heaven Lap-Dancing, Lower Ground Floor, 169 The Promenade, Blackpool, FY1 5BQ  
Sinless Lap-Dancing, 1st Floor, 18 The Strand, Blackpool, FY1 1NX

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**PREVIOUS APPLICATIONS**

\* Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (check all that apply)

No  Yes - application granted and revoked

Yes - application granted  Yes - application refused

**Application Granted**

Only provide details about the most recent application – unless stated otherwise in local guidance notes.

\* Local authority applied to

\* Date of licence/registration

\* Reference number

\* Expiry date

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**CONVICTIONS**

\* Have you, or any person named in or associated with this application, been convicted of any crime or offence?

Yes  No

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**PUBLIC NOTICE**

\* Is your application to a local authority in:

Scotland  England, Wales or Northern Ireland

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**ADDITIONAL DETAILS**

Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)

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**Section 13 of 13**

**PAYMENT DETAILS**

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

\* Fee amount (£)

**ATTACHMENTS**

**AUTHORITY POSTAL ADDRESS**

**Address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**DECLARATION**

\* I am aware of the provisions of The Local Government (Miscellaneous Provisions) Act 1982. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

I understand that the information I have provided, will be held by the Council on both computerised and manual files.

\* This data may be made available on a public register if so required by relevant legislation. The data may also be disclosed to other departments within the Council and other organisations, but only in order to ensure compliance with relevant legislation, for identification purposes or to prevent or detect fraud or a crime.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

\* Capacity

Date (dd/mm/yyyy)

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Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/sex-shop-and-cinema-licence/blackpool/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.