



3.							-	
Date Rec.				I.			 	 
Receipt No.								
Entered on L	alp	ac	;		 	_		

7.8 AND 7000

Promo	rung City, Coast & Countryside					
APPL	ICATION FOR A SEX SHOP LICENCE					
NOTE	Before completing this form, applicants are advised to carefully read the guidance notes completion of this application form					
	(2) Please complete the form in BLOCK CAPITALS					
1.	What type of application is this?  GRANT   RENEWAL					
2.	If a current licence is held state: Licence No. SXSHQPQ  Expiry Date 28/9/15					
3.	<u>Details of premises to be licensed</u>					
	Premises Title/Firm Name Sin - Tic - Cate					
	Address  (or location of  use if vehicle  vessel or stall)					
	Post Code					
	Are the premises to be used as a Sex Shop?  Are the premises to be used as a Sex Cinema?  Are the premises to be used as a Sex Encounter Establishment?					
4.	Details of Applicant (may be a person or Limited Company)					
	Surname  Title *  Address (of registered office if Ltd Co.)  Post Code  Title *  Title *  Mr. Mrs. (Miss) Ms. Forenames Susan Canoc  Alexander So  Reack Pooc  Reack Pooc  Total Co.)					
5.	List all applicant partners (unectors if a limited company) FIRST OR ONLY APPLICANT/DIRECTOR					
	Surname Title * Mr. Mrs. Miss Ms. Forenames Dancon Pack Home Address    Mr. Mrs. Miss Ms. Forenames Dancon Pack   Mr. Mrs. Miss Ms. Mis					
	Post Code					

\* Delete as necessary

SECOND	APPL	<b>ICANT</b>	/DIR	FCI	ľOR

	Surname	JUDGE		Date of Birtl	
	Title * Address (of		ss) Ms. Forenames		
	registered office if Ltd Co.) Post Code	I PLACY VIV.		:	
	THIRD APPLICAN	T/DIRECTOR			
	Surname Title * Address (of registered office if Ltd Co.)		ss Ms. Forenames Foxพลน Sqนคณะ	Date of Birth	ОИЕИ
	Post Code				
6.	Has any person ir application for a Se	n 5, . 5. 5 555 ex Shop Licence ref	used or revoked?	*	Yes No
	If yes, give full det	ails			
7.	Has any person in in any court of;	3, 4 or 5 above or	any other person responsi	ble for manage	ment been convicted
	(b) an offence (i) Lo (ii) Ob (iii) Ind	under the	nts Acts.	ct 1982	
	•		v (if none, write NONE).	ompany	
	Full Name:				
	Date of Conviction	Court	Offence(s)		Sentence or Order of Court
		~	0 ~0		
		ffences for which I I	nave been convicted which	need to be de	clared.
	Usual Signa			Date: 28/	2. f l d

# \* Delete as necessary Declaration of second applicant/director/manager

Full Name:	SUSAN C	. JUDA E	
Date of Conviction	Court	Offence(s)	Sentence or Order of Court
	101	JE -	b
I list above all	<i>-</i> ^\ .	ve been convicted which need to	

## Declaration of third applicant/director/manager

Full Name			
Date of Conviction	Court	Offence(s)	Sentence or Order of Court
	$\sim$	075.	
I list above all the Usual Signature .	00 0	ave been convicted which need	1 to be declared.

#### **DECLARATION**

I/we certify that the answers giv	ren above are true to the best of my/our knowledge and belief
Date	Usual Signature(s) of Applica
	Ci.

### **FORM A**

# LANCASTER CITY COUNCIL DECLARATION OF PUBLICATION NOTICES



Licensing of Sex Establishments

\* Describe the part of the premises or other nearby location upon which the notice was affixed.