



## Premises Licensing Team

Telephone: +44 (0)161 234 5004  
premises.licensing@manchester.gov.uk  
Level 1 Town Hall Extension, Albert  
Square, PO Box 532, M60 2LA

### **Application for the Transfer of a Sex Establishment Licence pursuant to Schedule 3, Local Government (Miscellaneous Provisions) Act 1982**

This form should be completed and forwarded to the Manchester City Council Premises Licensing Team at the above address with the required fee. Cheques, etc. should be made payable to the Manchester City Council. Payment may also be made by credit or debit card upon request.

#### **Important Notes**

- 1. All questions must be answered, save where otherwise stated. If relevant questions are not answered, the application will be deemed incomplete and returned to the Applicant.**
- 2. Any person who, in connection with an application for a grant, renewal or transfer of a sex establishment licence makes a false statement which he knows to be false in any material respect of which he does not believe to be true is guilty of an offence and liable on summary conviction to a fine not exceeding £20,000.**

---

## **Part 1 – The Applicant**

We FAC251 Ltd t/as WHISKEY DOWN (Manchester).....

**apply for a Sex Establishment Licence as described below.**

#### **1. This application is for a:**

Sex Shop

Sex Cinema

Sexual Entertainment Venue



**Please state the names of:**  
 (i) the Applicant's Directors;  
 (ii) Company Secretary;  
 (iii) any other persons responsible for the management of the Applicant; and  
 (iv) any persons with a shareholding of greater than 10% in the Applicant

<u>Position</u>	<u>Name of Individual</u>	Annex A completed?
█	██████████	<input checked="" type="checkbox"/>
██████████	██████████	<input checked="" type="checkbox"/>
██████████	██████████	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**Is the applicant a wholly owned subsidiary of another company or corporate body? If so state the name, place of registration and identity of its Directors and Company Secretary**

Name		
Place of registration		
<b>Names of Directors and Company Secretary</b>		
<u>Position</u>	<u>Name of Individual</u>	Annex A completed?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**(C) A PARTNERSHIP OR OTHER UNINCORPORATED BODY**

You must complete and submit the form at Annex A for all individuals named in this section

<b>Applicant Name</b>	
-----------------------	--

<b>Names of Partners</b>	Annex A completed?
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**Please state the names of than other persons responsible for the management of the Applicant other than the partners.**

<u>Position</u>	<u>Name of Individual</u>	Annex A completed?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**Questions 3-6 to be completed in all cases**

<b>3</b>	<b>Does the applicant have a different trading name from that given above in (A), (B) or (C)? If yes, please provide details.</b>
	Whiskey Down (Manchester)

<b>4</b>	<b>What is the Applicant's trading address?</b>
	Whiskey Down (Former Silks) 18-22 Lloyds Street Manchester M2 5WA

<b>5</b>	<b>Will the business be carried on for the benefit of a person other than the applicant? If yes, please provide full details.</b>
	No & no association at all to previous occupiers

<b>6</b>	<b>Does the applicant operate any other sex establishment? If yes, please provide full details.</b>

**End of Part 1**

## Part 2 – The Premises, Vehicle, Vessel or Stall

<b>7</b>	<b>Please state the Licence Number of the Sex Establishment premises to be transferred</b> 205546
----------	--

<b>8</b>	<b>Current Name and Postal address of premises</b>  SILKS 18-22 Lloyd Street			
	<b>Post town</b>	Manchester	<b>Post code</b>	M2 5WA
	<b>Telephone number</b>			

<b>9</b>	<b>Name of existing Sex Establishment Licence Holder</b>  Mrs Elizabeth Mary Morris
----------	---

<b>10</b>	<b>Has the existing licence holder of the Sex Establishment Licence provided their written consent to the transfer application?</b>	Mark as appropriate
	Yes (please provide original copy)	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
	<b>If “No”, please provide full reasons why the consent has not been provided.</b>	

<b>11</b>	<b>Does the Applicant intend to obtain a licence under any other Act or to apply to vary any existing licence under any other Act?</b>	Mark as appropriate
	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>12</b>	<b>Does the applicant intend to operate the sex establishment in conjunction with any other licence?</b>	Mark as appropriate
	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
	<b>If “Yes” to (a) or (b), please provide full details</b>  Premises License and variations applications to layout and conditions of both existing SEV and Premises License as pre-discussed with GMP	

### Part 3 – Operation of the Business

<b>13</b>	<p><b>Under what name will the Business be known?</b></p> <p>Whiskey Down (Manchester)</p>
-----------	--

<b>14</b>	<p><b>Has the Applicant entered into any agreement (whether written or oral) in connection with the business, other than a tenancy agreement or lease, for example, a management agreement, partnership agreement or profit share agreement? If so, provide full details together with a copy of any such agreement.</b></p> <div style="background-color: black; width: 100%; height: 60px; margin-top: 10px;"></div>
-----------	--

<b>15</b>	<p><b>Is the business required to purchase merchandise from a particular person or body? If so, provide full details.</b></p> <p>No</p>
-----------	---

<b>16</b>	<p><b>Set out the Applicant’s system for checking the age and right to work in the UK for all employees.</b></p> <p>Copies of all passports and work suitability are held along with strict code of practise &amp; council approved guidance / work &amp; wellbeing policies.</p>
-----------	---

<b>17</b>	<p><b>State the identity of the person who will be responsible for the day to day management of the business at the premises, vehicle, vessel or stall (‘the Manager’)</b></p> <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	<p>Annex A completed?</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>
-----------	---	--

<b>18</b>	<p><b>Confirm that the Manager will be based at the premises, vehicle, vessel or stall and that management of the business there will be his/her sole occupation</b></p>	<p>Mark as appropriate</p>
	<p>Yes</p>	<p><input type="checkbox"/></p>
	<p>No</p>	<p><input checked="" type="checkbox"/></p>

	<p><b>If “No”, provide details</b></p> <div style="background-color: black; width: 100%; height: 40px; margin-top: 10px;"></div>
--	--

<b>19</b>	<b>Which person(s) will be responsible for the day to day management of the business in the absence of the Manager (‘the Relief Manager(s)’) </b>	Annex A completed?
	To be appointed (approved by GMP)	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

<b>20</b>	<p><b>Set out the system for training all staff in the Code of Practice for performers, and for monitoring and enforcing compliance. <i>Please note: the Code of Practice must be attached to this form.</i></b></p> <p>As per attached policy and procedures</p>
-----------	---

<b>20a</b>	<p><b>Set out the system for notifying customers of the Rules for Customers, and for monitoring and enforcing compliance. <i>Please note: the Rules for Customers must be attached to this form.</i></b></p> <p>As per attached policy and procedures</p>
------------	---

<b>20b</b>	<p><b>Set out the system for monitoring compliance with the venue’s Policy for Welfare of Performers. <i>Please note, the Policy for Welfare of Performers must be attached to this form</i></b></p> <p>As per attached policy and procedures</p>
------------	---

<b>21</b>	<p><b>Set out any further information that you wish the authority to take into account. <i>Include here any proposed conditions (you may attach a schedule of such conditions) or any reason relied upon to provide an exception to the authority’s Sex Establishment Licensing Policy.</i></b></p> <div style="background-color: black; width: 100%; height: 60px; margin-top: 10px;"></div>
-----------	---

<b>22</b>	<p><b>Is there any information on this form that you do not wish to be seen by members of the public? If so, state which information and the reasons why you do not wish it to be seen.</b></p> <div style="background-color: black; width: 100%; height: 60px; margin-top: 10px;"></div>
-----------	---

Checklist	Mark as appropriate
I have completed all relevant section of Parts 1, 2, and 3 of the application	<input checked="" type="checkbox"/>
I have completed Annex A for each person whose details have been included in this application.	<input checked="" type="checkbox"/>
I have completed Annex B	<input checked="" type="checkbox"/>
I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed	<input checked="" type="checkbox"/>
I have sent a copy of this application to the chief officer of police today	<input checked="" type="checkbox"/>
I have enclosed the relevant fee	<input checked="" type="checkbox"/>
I declare that a public notice advertising this application has been displayed upon the premises where it may be conveniently read by the public and shall remain displayed for a period of no less than 21 consecutive days. A copy of the notice and statutory declaration is enclosed.	<input checked="" type="checkbox"/>
I declare that within seven days of the date of this application a public notice advertising this application will be publicised in the legal notices column of the Manchester Evening News and an original copy of the published advertisement shall be forwarded to the Licensing Unit at Manchester City Council forthwith.	<input checked="" type="checkbox"/>
I understand that if I do not comply with the requirements above that my application shall be rejected.	<input checked="" type="checkbox"/>



## Declaration & Signature

The following declaration must be signed in all cases

Should the information provided in relation to this application form cease to be correct, or if there are any changes in the information provided in the application form between the date the application is submitted and the date it is determined, the Applicant must advise the licensing authority immediately. Failure to do so may result in any licence issued being revoked.

I/We certify to the best of our/my knowledge and belief that the information given in this application is complete and correct in every respect. I/We agree to notify the Licensing Authority should any of the information given in this application change.

Name	[REDACTED]
Position in organisation	[REDACTED]
Date	15 <sup>th</sup> October 2018
Signature	[REDACTED]

### Contact Details

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
As previous			
Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			