



**MANCHESTER
CITY COUNCIL**

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 Renewal 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 – Premises Details

I/We Roefax Limited
 (Insert name(s) of applicant)

apply for the Renewal of a Sex Establishment Licence as described below.

1. This renewal application is for a:

- Sex Shop
- Sex Cinema
- Sexual Entertainment Venue

Please state the Licence Number of the Sex Establishment premises to be renewed	224111
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Name and Postal address of premises			
Victoria's Part Basement, 8 Dantzig Street			
Post town	Manchester	Post code	M4 2AD
Telephone number	0161 832 4444		

Part 2 – The Applicant

2. Please state whether you are applying for a renewal as:

- a) an individual please complete section (A)
- b) a company or other corporate body please complete section (B)
- c) a partnership or other unincorporated body please complete section (C)

(A) INDIVIDUAL APPLICANT (fill in as applicable)

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

		Annex A completed?
Full Name of Applicant		<input type="checkbox"/>

Former name (if applicable)¹	
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¹ If the Applicant has been formerly known by a different name, please provide details

(B) A COMPANY OR OTHER CORPORATE BODY

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

Applicant Name¹	Roefax Limited
Address	Unit 2 275 Deansgate Manchester M3 4EW
Registered number²	09430931
Telephone number	
E-mail address	
Previous Name (if applicable)³	

¹ If your business is registered, use its registered name

² If business is not registered, put "none"

³ If the Applicant has been formerly known by a different name, please provide details

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?
Director	Leslie O'Neill	<input checked="" type="checkbox"/>
Director	Liam Scully	<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	N/A	
Place of registration		
Names of Directors and Company Secretary		
<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

Applicant Name	
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Names of Partners	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

3	Does the applicant have a different trading name from that given above in (A), (B) or (C)? If yes, please provide details.
	Victoria's

4	What is the Applicant's trading address?
	Victoria's Part basement, 8 Dantzic Street Manchester M4 2AD

5	Will the business be carried on for the benefit of a person other than the applicant? If yes, please provide full details.
	NO

6	Does the applicant operate any other sex establishment? If yes, please provide full details.
	NO

Part 3 – Operation of the Business

I confirm that the following matters related to the Operation of the Business have <u>not</u> changed since the last grant of the licence, as below:	Tick to confirm
The name of the Business from that stated on the licence	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Any requirement of the business to purchase merchandise from a particular person or body	<input checked="" type="checkbox"/>
The identity of the person responsible for the day to day management of the business at the premises, vehicle, vessel or stall ('the Manager')	<input checked="" type="checkbox"/>
The identity of the person(s) responsible for the day to day management of the business in the absence of the Manager ('the Relief Manager(s)')	<input checked="" type="checkbox"/>
The system for checking the age and right to work in the UK for all employees.	<input checked="" type="checkbox"/>
The exterior signage and advertising, including the nature, content and size of such signage and any images used.	<input checked="" type="checkbox"/>
The means taken to prevent the interior of the premises being visible to passers-by.	<input checked="" type="checkbox"/>
The window displays exhibited at the premises.	<input checked="" type="checkbox"/>
Methods for solicitation of business in public areas, e.g. through fliers, business cards, billboard advertising, personal solicitation or advertising on motor vehicles.	<input checked="" type="checkbox"/>
The age restrictions applied in respect of admissions, and how these are enforced.	<input checked="" type="checkbox"/>
The arrangements for CCTV (including the location of cameras). and for retention of recordings	<input checked="" type="checkbox"/>
The arrangements for private booths or areas for sexual entertainment, including supervision for such areas. (SEV only)	<input checked="" type="checkbox"/>
The nature of the entertainment, e.g. lap-dancing, pole dancing, stage striptease. (SEV only)	<input checked="" type="checkbox"/>
The Code of Practice for performers, as well as the methods for monitoring and enforcing compliance in it. (SEV only)	<input checked="" type="checkbox"/>

I declare I have served a copy of this application on Greater Manchester Police.	<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 enclosed the relevant fee	<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	21 December 2021
Signature	[REDACTED]

Contact Details

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

DOCUMENTS EVIDENCING PUBLIC NOTICE AND SERVICE *(for office use only)*

Complete copy of newspaper circulating in this area of the authority, containing advertisement of this application to be	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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provided upon publication		
Copy of notice of application displayed on or near the premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of affidavit or statutory declaration that notice has been displayed as required by Schedule 3 paragraph 10(10) Local Government (Miscellaneous Provisions) Act 1982.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of service of this application form and all enclosures upon <i>Licensing Partnership Office at Bootle Street Police Station, Bootle Street, Manchester, M2 5GU</i> within 7 days after the date of this application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

When the application is made electronically, including all enclosures, the licensing authority will serve the Chief Officer of Police.