



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982
(AS AMENDED)**

**Licence for a Sex Establishment Application for* Grant / Renewal / Transfer /
Variation
(*delete as appropriate)**

1. Applicant Details

Surname	HENNING	
Forenames	TIMOTHY	
Other Name(s) (if applicable)	—	
Address	[REDACTED]	
Contact number(s)	[REDACTED]	
Email address	[REDACTED]	
Date Of Birth	[REDACTED]	Place of Birth [REDACTED]
National insurance number	[REDACTED]	
Have you been resident in the UK throughout a period of six months immediately preceding this application?	Yes/No	

2. Trading company details

Company Name	SIMPLY PLOCSURE
Managing Director	TIMOTHY HENNING
Head Office Address	ABS HOLDINGS SPRING LANE FOREST GATE RINGWOOD BH24 3FH.
Address from which you operate if different from above	—
Company number(s)	[REDACTED]
Company email address	[REDACTED]
VAT registration number	
Company registration number	04341488.

3. Give full names and private residential address for all directors, partners or other persons responsible for the management of the establishment.

Continue on separate sheet if necessary

Person 1

Surname	HEMMING
Forenames	TIMOTHY
Other Name(s) (if applicable)	
Address	[REDACTED]
Contact number(s)	[REDACTED]
Email address	[REDACTED]
Date Of Birth	[REDACTED] Place of Birth [REDACTED]
National insurance number	[REDACTED]
Have you been resident in the UK throughout a period of six months immediately preceding this application?	Yes/No

Person 2

Surname	CLARK
Forenames	TOM
Other Name(s) (if applicable)	
Address	[REDACTED]
Contact number(s)	[REDACTED]
Email address	[REDACTED]
Date Of Birth	[REDACTED] Place of Birth [REDACTED]
National insurance number	[REDACTED]
Have you been resident in the UK throughout a period of six months immediately preceding this application?	Yes/No

Person 3

Surname	Durnan
Forenames	Corrin
Other Name(s) (if applicable)	
Address	[REDACTED]
Contact number(s)	[REDACTED]
Email address	[REDACTED]
Date Of Birth	[REDACTED] Place of Birth [REDACTED]
National insurance number	[REDACTED]
Have you been resident in the UK throughout a period of six months immediately preceding this application?	Yes/No

4. Offences and convictions

Have you or any partners/directors in the company been convicted of ANY offence which is NOT regarded as being SPENT under the terms of the Rehabilitation of Offenders Act 1974	Yes /No
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If yes, give details of all relevant conviction(s)

Person Name	Date of Conviction	Court	Offence	Sentence

Have you (or if corporate body, that body) been disqualified from holding a sex establishment licence?	Yes /No (If yes provide details)
Have you (or if corporate body, that body) ever been refused a licence for a sex establishment?	Yes /No (If yes provide details) ONLY DUE TO LOCATION .

5. Trading details

Is the application for	Sex Shop	<input checked="" type="checkbox"/>
	Sex Cinema	
	Sexual Entertainment Venue	
Address of the premises	SIMPLY PLEASURE 333-335 HOLDENHURST ROAD Bournemouth BH8 8BT.	
Name of the business		
Opening hours	Monday	10am - 7pm
	Tuesday	10am - 7pm
	Wednesday	10am - 7pm
	Thursday	10am - 7pm
	Friday	10am - 7pm
	Saturday	10am - 7pm
	Sunday	10am - 4pm
EXCEPT EASTER SUNDAY.		

If a sex shop

Is any part of the premises is to be used for the purposes of displaying films, video recordings or other moving pictures?	Yes /No (if yes provide details)

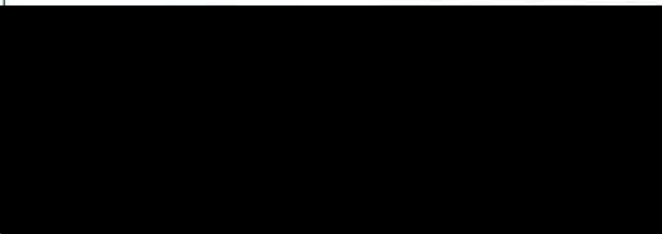
List articles to be offered for sale?	R18 DVD'S, Adult novelties & TOYS Magazines.
With regard to any advertisements or displays – provide size(s) of proposed displays or advertisements.	N/A
Detail measures which will be in place to ensure that prevent the interior of the premises being visible to passers-by	FROSTED GLASS, LOBBY FROSTED Vinyls on windows.

If a Sexual Entertainment Venue N/A

<p>Confirm if there have been any changes to the layout of the premises in relation to:-</p> <p>All designated performance areas including private booths or cubicles</p> <p>Welfare facilities room for performers</p> <p>Access and egress of the premises</p> <p>WC facilities for performers/patrons</p> <p>Smoking areas for performers/staff</p>	<p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>If YES provide plan with highlighted changes</p>
<p>Do you currently have the following documents?.</p> <p>Written code of conduct for Dancers</p> <p>Code of Conduct for Customers</p> <p>Disciplinary Procedure Policy</p>	<p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>If YES provide copies</p>
With regard to any advertisements or displays – provide size(s) of proposed displays or advertisements.	
Detail measures which will be in place to ensure that prevent the interior of the premises being visible to passers-by	

6. Management of premises -In respect of each individual who is to be responsible for the management of the premises, in the absence of the licence holder, continue on separate sheet if necessary

Manager 1

Surname	Durnan		
Forenames	Corunn		
Maiden Name (if applicable)			
Address			
Contact number(s)			
Email address			
Date Of Birth			
National insurance number			
Have you been resident in the UK throughout a period of six months immediately preceding this application?	Yes/ No		

Manager 2

Surname			
Forenames			
Maiden Name (if applicable)			
Address			
Contact number(s)			
Email address			
Date Of Birth		Place of Birth	
National insurance number			
Have you been resident in the UK throughout a period of six months immediately preceding this application?	Yes/No		

Manager 3


Surname			
Forenames			
Maiden Name (if applicable)			
Address			
Contact number(s)			
Email address			
Date Of Birth		Place of Birth	
National insurance number			
Have you been resident in the UK throughout a period of six months immediately preceding this application?	Yes/No		

For all managers provide full details of convictions for ANY offence which is NOT regarded as being SPENT under the terms of the Rehabilitation of Offenders Act 1974

Person Name	Date of Conviction	Court	Offence	Sentence

APPLICANTS ARE WARNED THAT ANY PERSON WHO IN CONNECTION WITH AN APPLICATION FOR THE GRANT, RENEWAL OR TRANSFER OF A 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

DECLARATION that all information provided above is true and complete

Signature	 on behalf of TIMOTHY HEMMING
Date	13.10.22
Capacity	CEO/owner

PLEASE NOTE THAT THE APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

1. In respect of individual applicants and each of those named in we require a copy of their birth certificate.
2. Three copies of a passport size photograph in respect of the applicant (if any individual) and each of those whose names appear in response to Questions 6 & 35. The photographs are to be dated, bear the name in block capitals of the person whose likeness it bears, and be signed by the person making the above Declaration.
3. A site plan scale 1:100
4. Scale plans of the premises (1:100) in respect of which the licence is sought showing (interalia) all means of ingress and egress to and from the premises, parts used in common with any other building and details of how the premises lie in

relation to the street.

5. Drawings showing the front elevation as existing and as proposed (1:100).
6. Where the business is conducted by or on behalf of a body corporate or unincorporated body a certified copy of the Resolution authorising the application.
7. Where the business is carried on by or on behalf of partners the written authority for an application of those partners who are not themselves applicants.

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