



**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	IVINS		
Forenames	Emily Jane		
Other Name(s) (if applicable)	as Director for and on behalf of Hampshire Restaurants Ltd		
Address	<div style="background-color: black; width: 150px; height: 50px;"></div>		
Contact number(s)	<div style="background-color: black; width: 150px; height: 20px;"></div>		
Email address	<div style="background-color: black; width: 150px; height: 20px;"></div>		
Date Of Birth	<div style="background-color: black; width: 50px; height: 20px;"></div>	Place of Birth	<div style="background-color: black; width: 50px; height: 20px;"></div>
National insurance number	<div style="background-color: black; width: 100px; height: 20px;"></div>		
Have you been resident in the UK throughout a period of six months immediately preceding this application?	Yes	Yes/No	


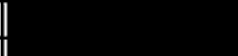
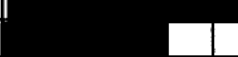

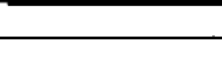

2. Trading company details

Company Name	Hampshire Restaurants Ltd
Managing Director	Emily Jane Ivins
Head Office Address	8 Barton Close Bradenstoke Chippenham SN15 4EZ
Address from which you operate if different from above	
Company number(s)	08502833
Company email address	<div style="background-color: black; width: 150px; height: 20px;"></div>
VAT registration number	GB 241881014
Company registration number	08502833







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





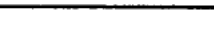
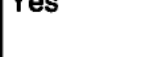
Person 1

Surname	Nicie		
Forenames	Glenn Campbell		
Other Name(s) (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?	<div style="display: flex; justify-content: space-between;"> Yes Yes/No </div>		

Person 2

Surname	Metcalf		
Forenames	Jonathan Peter		
Other Name(s) (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?	<div style="display: flex; justify-content: space-between;"> Yes Yes/No </div>		

Person 3

Surname	Blanke		
Forenames	Adrian Bertolt		
Other Name(s) (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?	<div style="display: flex; justify-content: space-between;"> Yes Yes/No </div>		

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 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) No
Have you (or if corporate body, that body) ever been refused a licence for a sex establishment?	Yes/No (If yes provide details) No

5. Trading details

Is the application for	Sex Shop	
	Sex Cinema	
	Sexual Entertainment Venue	X
Address of the premises	For Your Eyes Only 136-140 Old Christchurch Road Bournemouth BH1 1NL	
Name of the business		
Opening hours	Monday	00:01-00:00
	Tuesday	00:01-00:00
	Wednesday	00:01-00:00
	Thursday	00:01-00:00
	Friday	00:01-00:00
	Saturday	00:01-00:00
	Sunday	00:01-00:00

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)
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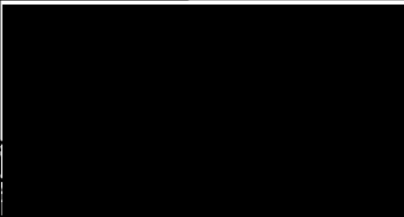



List articles to be offered for sale?	
With regard to any advertisements or displays – provide size(s) of proposed displays or advertisements.	
Detail measures which will be in place to ensure that prevent the interior of the premises being visible to passers-by	

If a Sexual Entertainment Venue




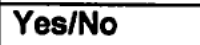
<p>Confirm if there have been any changes to the layout of the premises in relation to:-</p> <p>All designated performance areas including private booths or cubicles</p> <p>Welfare facilities room for performers</p> <p>Access and egress of the premises</p> <p>WC facilities for performers/patrons</p> <p>Smoking areas for performers/staff</p>	<p>YES/NO Yes, please see attached Schedule</p> <p>YES/NO Yes, enhancement as per attached Schedule</p> <p>YES/NO No</p> <p>YES/NO Yes, please see attached Schedule</p> <p>YES/NO No</p> <p>If YES provide plan with highlighted changes Attached</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 Yes</p> <p>YES/NO Yes</p> <p>YES/NO Yes</p> <p>No change to versions held by you</p> <p>If YES provide copies</p>
With regard to any advertisements or displays – provide size(s) of proposed displays or advertisements.	<p>Notices A4</p> <p>Any posters will be in the format and size agreed with the Licensing Authority</p>
Detail measures which will be in place to ensure that prevent the interior of the premises being visible to passers-by	<p>Activities requiring authorisation by a SEV Licence are limited to the LG Floor of the site which cannot be seen from the road</p>

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	Nicie		
Forenames	Glenn Campbell		
Maiden Name (if applicable)	as Director for and on behalf of Playhouse Entertainment (Soton) Ltd		
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?	<div>Yes</div> <div>Yes/No</div>		

Manager 2

Surname	Metcalf		
Forenames	Jonathan Peter		
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?	<div>Yes/No</div> <div>Yes</div>		

Manager 3

Surname	Blanke		
Forenames	Adrian Bertolt		
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?	<div>Yes/No</div> <div>Yes</div>		

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	Emily Ivins	
Date	12 th August 2024	
Capacity	Director of Hampshire Restaurants Ltd, the applicant company	

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