



**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	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	
Have you been resident in the UK throughout a period of six months immediately preceding this application?	<input checked="" type="checkbox"/> Yes/No

2. Trading company details

Company Name	Simply Pleasure
Managing Director	Timothy Hemming
Head Office Address	ABS Holdings, Spring Lane, Forest Gate Ringwood. BH24 3FH
Address from which you operate if different from above	
Company number(s)	01202 868511
Company email address	officeadmin@absholdings.com
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	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			
Have you been resident in the UK throughout a period of six months immediately preceding this application?	✓ Yes/No		

Person 2

Surname	Durnan (Mat leave)		
Forenames	Corin		
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			
Have you been resident in the UK throughout a period of six months immediately preceding this application?	✓ Yes/No		

Person 3

Surname	Martin (Covering Manager - Mat leave)		
Forenames	Jasmine		
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			
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 <input checked="" type="checkbox"/>
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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 <input checked="" type="checkbox"/> (If yes provide details)
Have you (or if corporate body, that body) ever been refused a licence for a sex establishment?	Yes/No <input checked="" type="checkbox"/> (If yes provide details)

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	Simply Pleasure / Prowler	
Opening hours	Monday	10:00 - 19:00
	Tuesday	10:00 - 19:00
	Wednesday	10:00 - 19:00
	Thursday	10:00 - 19:00
	Friday	10:00 - 19:00
	Saturday	10:00 - 19:00
	Sunday	10:00-16:00

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 <input checked="" type="checkbox"/> (if yes provide details)
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List articles to be offered for sale?	R18 DVD's Adult Novelties & Toys Magazines Lingerie
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

Confirm if there have been any changes to the layout of the premises in relation to:- All designated performance areas including private booths or cubicles Welfare facilities room for performers Access and egress of the premises WC facilities for performers/patrons Smoking areas for performers/staff	N/A YES/NO YES/NO YES/NO YES/NO YES/NO If YES provide plan with highlighted changes
Do you currently have the following documents?.	N/A
Written code of conduct for Dancers	YES/NO
Code of Conduct for Customers	YES/NO
Disciplinary Procedure Policy	YES/NO
	If YES provide copies
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	N/A

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	Corin		
Maiden Name (if applicable)			
Address	[REDACTED]		
Contact number(s)	[REDACTED]		
Email address	[REDACTED]		
Date Of Birth	[REDACTED]	Place of Birth	[REDACTED]
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	Martin		
Forenames	Jasmine		
Maiden Name (if applicable)			
Address	[REDACTED]		
Contact number(s)	[REDACTED]		
Email address	[REDACTED]		
Date Of Birth	[REDACTED]	Place of Birth	[REDACTED]
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 T Hemming
Date	18.09.24
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.