



**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	OJLA		
Forenames	JASPAL		
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?	YES	Yes/No	

2. Trading company details

Company Name	WELLHOT LIMITED
Managing Director	JASPAL OJLA
Head Office Address	OJS INDUSTRIAL PARK CLAYBANK ROAD PORTSMOUTH PO3 5SX
Address from which you operate if different from above	WIGGLE 159 OLD CHRISTCHURCH ROAD BOURNEMOUTH BH1 1JS
Company number(s)	02362993
Company email address	
VAT registration number	543965122
Company registration number	02362993

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	OJLA		
Forenames	JASPAL		
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?	YES	Yes/No	

Person 2

Surname	OJLA		
Forenames	RASHWINDER		
Other Name(s) (if applicable)			
Address	AS ABOVE		
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	Yes/No	

Person 3

Surname	OJLA		
Forenames	TARAN		
Other Name(s) (if applicable)			
Address	AS ABOVE		
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	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 NONE
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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	YES
Address of the premises	159, OLD CHRISTCHURCH ROAD BOURNEMOUTH BH1 1JS	
Name of the business		
Opening hours	Monday	00.01 -00.00
	Tuesday	AS ABOVE
	Wednesday	AS ABOVE
	Thursday	AS ABOVE
	Friday	AS ABOVE
	Saturday	AS ABOVE
	Sunday	AS ABOVE

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.	AS BEFORE
Detail measures which will be in place to ensure that prevent the interior of the premises being visible to passers-by	WINDOWS ARE BLACKED OUT

If a Sexual Entertainment Venue

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 faculties room for performers Access and egress of the premises WC facilities for performers/patrons Smoking areas for performers/staff	<p>NONE</p> <p>YES/NO NONE</p> <p>YES/NO NONE</p> <p>YES/NO NONE</p> <p>YES/NO NONE</p> <p>YES/NO NONE</p> <p>If YES provide plan with highlighted changes</p>
Do you currently have the following documents?.	
Written code of conduct for Dancers	YES/NO YES
Code of Conduct for Customers	YES/NO YES
Disciplinary Procedure Policy	YES/NO YES
	If YES provide copies
With regard to any advertisements or displays – provide size(s) of proposed displays or advertisements.	NONE
Detail measures which will be in place to ensure that prevent the interior of the premises being visible to passers-by	WINDOWS BLACKED OUT AND LOBBY AREA TO STOP VISIBILITY

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	OJLA		
Forenames	TARAN		
Maiden Name (if applicable)			
Address	AS ABOVE		
Contact number(s)	AS ABOVE		
Email address	AS ABOVE		
Date Of Birth	AS ABOVE	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="text-align: right;">Yes/No</div> <div>YES</div>		

Manager 2

Surname	OJLA		
Forenames	JASPAL		
Maiden Name (if applicable)			
Address	AS ABOVE		
Contact number(s)	AS ABOVE		
Email address	AS ABOVE		
Date Of Birth	AS ABOVE	Place of Birth	
National insurance number	AS ABOVE		
Have you been resident in the UK throughout a period of six months immediately preceding this application?	<div style="text-align: right;">Yes/No</div> <div>YES</div>		

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?	<div style="text-align: right;">Yes/No</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
	NONE			

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	Jaspal Ojla
Date	26/02/2025
Capacity	DIRECTOR

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