



**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	Spencer		
Forenames	Jonathan Neil		
Other Name(s) (if applicable)			
Address	Due to Potential Stalking and Harrassment by a Potential Objector Personal Information will be provided On a Seperate Sheet (Annexe A)		
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 Yes		

2. Trading company details

Company Name	White Tiger Europe Limited
Managing Director	
Head Office Address	27 The Triangle Bournemouth Dorset BH9 3JB
Address from which you operate if different from above	
Company number(s)	01202 554195
Company email address	jonathan@easytigerstore.com
VAT registration number	GB981032336
Company registration number	06839783

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			
Forenames			
Other Name(s) (if applicable)			
Address	Due to Potential Stalking and Harrassment by a Potential Objector Personal Information will be provided On a Seperate Sheet (Annexe A)		
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		

4. Offenses 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	X
	Sex Cinema	
	Sexual Entertainment Venue	
Address of the premises	27 The Triangle Bournemouth Dorset BH9 3JB	
Name of the business	Easy Tiger Adult Store	
Opening hours	Monday	24 Hours
	Tuesday	24 Hours
	Wednesday	24 Hours
	Thursday	24 Hours
	Friday	24 Hours
	Saturday	24 Hours
	Sunday	24 Hours

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) NO
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List articles to be offered for sale?	General Every Day Lingerie, Mens Underwear, Swimwear, Clothing Clothing Accessories, Corsettes Adult Novelties and Toys Board Games, Card Games Massage Oils and Candles, Tampon and Condoms Adult DVD's, Lubricants, Health Products Room Aromas, Enhancement products, magazines Books
With regard to any advertisements or displays – provide size(s) of proposed displays or advertisements.	Please refer to Previous License applications and Variations
Detail measures which will be in place to ensure that prevent the interior of the premises being visible to passers-by	Please refer to Previous License applications and Variations to layout and doorway.

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

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Manager 1

Surname			
Forenames			
Maiden Name (if applicable)			
Address		Due to Potential Stalking and Harrassment by a Potential Objector Personal Information will be provided On a Seperate Sheet (Annexe A)	
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 2

Surname			
Forenames			
Maiden Name (if applicable)			
Address	Due to Potential Stalking and Harrassment by a Potential Objector Personal Information will be provided On a Seperate Sheet (Annexe A)		
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

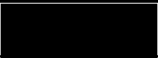
Surname			
Forenames			
Maiden Name (if applicable)			
Address	Due to Potential Stalking and Harrassment by a Potential Objector Personal Information will be provided On a Seperate Sheet (Annexe A)		
Contact number(s)			
Email address			
Date Of Birth		Place of Birth	
National insurance number			
Have 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	
Date	22/04/25
Capacity	Company Director

Annex A referred to in the application form is available for Member's information.

Proposed New Shop Sign

