



**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	OSLA		
Forenames	JASPAL SINGH		
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	WELLHOT LTD.
Managing Director	JASPAL OSLA
Head Office Address	UNIT 1 035 INDUSTRIAL PARK CLAYBANK ROAD, PORTSMOUTH PO3 5SX
Address from which you operate if different from above	WIGGLE 159, OLD CHRISTCHURCH RD BOURNEMOUTH. BH1 1JS.
Company number(s)	02362993.
Company email address	po319@osigroup.co.uk
VAT registration number	543 89651 22
Company registration number	02392662212

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	DOLA.	
Forenames	TARAN SINGH.	
Other Name(s) (if applicable)		
Address	[REDACTED]	
Contact number(s)		
Email address	AS ABOVE.	
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	DOLA	
Forenames	JASPAL SINGH.	
Other Name(s) (if applicable)		
Address	AS ABOVE	
Contact number(s)		
Email address	AS ABOVE.	
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		
Forenames		
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/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)

5. Trading details

Is the application for	Sex Shop	
	Sex Cinema	
	Sexual Entertainment Venue	✓
Address of the premises	WIGGLE 159, OLD CHRISTCHURCH RD BOURNEMOUTH BH1 1SS.	
Name of the business		
Opening hours	Monday	00-01 - 00.00.
	Tuesday	— . — .
	Wednesday	— . — .
	Thursday	— . — .
	Friday	— . — .
	Saturday	— . — .
	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)
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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 EXISTING.
Detail measures which will be in place to ensure that prevent the interior of the premises being visible to passers-by	ALL WINDOWS ARE BLOCKED UP.

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</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.	AS EXISTING.
Detail measures which will be in place to ensure that prevent the interior of the premises being visible to passers-by	WINDOWS ARE BLOCKED. S.I.A. Security on front door.

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	OSLA.		
Forenames	TARAN SINGH.		
Maiden Name (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		

Manager 2

Surname	OSLA.		
Forenames	JAS PAL SINGH.		
Maiden Name (if applicable)			
Address	AS Above.		
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		

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		

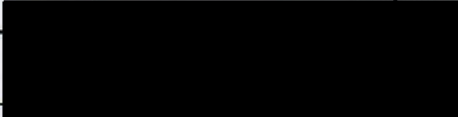
For all managers provide full details of convictions for ANY offence which is NOT regarded as being SPENT under the terms of the Rehabilitation of Offenders Act 1974

Person Name	Date of Conviction	Court	Offence	Sentence

NO CONVICTIONS FOR ANY OF US.

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	26.02.2026.
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