



## NORTHAMPTON BOROUGH COUNCIL

### Application for a licence for a sex establishment/entertainment venue

1 Details pre-populated from the applicant's registration on the Business Link website			
1.1	First name	GARY	M
1.2	Family name	MC MANUS	M
1.3	Email address	gary@mcmanuspub.co.uk	M
1.4	Position/job title	Managing Director	M
1.5	Business name	Urban Crowd LTD	M
1.6	Registered (or other) business address	Kingshorpe Rd. Northampton NN2 6HT	M
1.7	Contact telephone number(s)	01604 713601	M
1.8	Home country	UK	M
1.9	Commercial register on which registered	Companies House	
1.10	Registration number	4629111	
1.11	VAT number	797 8385 44	
1.12	Legal status (e.g. limited company)	Limited company	M

Please complete all the questions in the form.  
If you have nothing to record, please state "Not applicable" or "None"  
(M = questions which are mandatory)

Further details about the applicant			
1.13	Is the applicant an individual?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	If no, go to 2.1
1.14	Former name(s)	-	
1.15	Home address	Derrygolf, Golf Lane, Church Brampton, NN6 8AY	
1.16	Date of birth	30/01/61	
1.17	Place of birth	Northampton	

2 Premises to be licensed			
2.1	Type of premises	Building <input checked="" type="checkbox"/> Vehicle <input type="checkbox"/> Vessel <input type="checkbox"/> Stall <input type="checkbox"/>	If "building" go to 2.3
2.2	Exact location where the vehicle, vessel or stall will be used		
2.3	Name of premises/trading name	Urban Tiger	
2.4	Address of premises	32-34 Abington Square Northampton NN1 4AA	

<b>2</b>	<b>Premises to be licensed</b>		
2.5	Telephone number	01604 824 766	M
2.6	Will the sex establishment occupy the entire premises?	(Yes) No	If yes, go to 2.9
2.7	Which parts of the premises will be used for the sex establishment?	all	
2.8	What will the rest of the premises be used for?	n/a	
2.9	How will you prevent the interior of the premises being visible to passers by?	no windows, blacked out, door blacked out	M
2.10	Are the premises currently in use as a sex establishment?	(Yes) No	M

<b>3</b>	<b>Opening hours</b>									
	Please give details of proposed opening hours for each day of the week									
3.1	Day(s)	MON-SAT SUN	From	10AM NOON	To	4AM 2AM	4AM 2AM	Add another?	Yes/No	
<b>4</b>	<b>Type of sex establishment</b>									
4.1	Type of sex establishment (please tick all that apply)	Sex shop <input type="checkbox"/>			Sex cinema <input type="checkbox"/>			Sex entertainment venue <input checked="" type="checkbox"/>		England & Wales only
4.2	Please give details of any goods to be offered for sale, films to be shown or entertainment etc.	performance of live music, dance, dancing sale of refreshment and alcohol								

<b>5</b>	<b>Ownership</b>					
5.1	Applicant's interest in the premises (please tick one)	Freehold <input type="checkbox"/>	Leasehold <input type="checkbox"/>	tenant <input checked="" type="checkbox"/>	er <input type="checkbox"/>	
5.2	Please provide details	BWSIPP TRUSTEES - LANDLORD - 25 year lease from 26/11/03				
5.3	Is the applicant the sole owner of the business?	(Yes) No				
5.4	Is the applicant a wholly or partly owned subsidiary of another company?	Yes (No)	If no, go to question 6.1			
5.5	Please provide details					

<b>6</b>	<b>Directors, partners, owners and managers</b>	
	Please provide details of ALL company directors (if the business is a company), ALL partners (if it is a partnership), ALL other shareholders, owners of the business, landlords, and ALL those responsible for management of the business, including day-to-day management of the premises	
6.1	Position (e.g. director, partner, day-to-day manager)	director
6.2	Full name	Paul McManus
6.3	Home address	The Arches, Harlestone Road, Church Brampton NN16 8AU
6.4	Daytime contact telephone number	07740 763994
6.4a	Evening/other contact telephone number	-
6.5	Date of birth	12/6/69
6.6	Place of birth	Northampton
6.7	Add another person?	Yes (No)
	If yes, this section will be repeated	

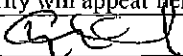
<b>7</b>	<b>Other business interests</b>
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<b>7</b>	<b>Other business interests</b>			
7.1	Is the applicant, or any person named in this application, involved in any way with any other similar establishment?	Yes <u>(No)</u>	If no, go to 8.1	M
7.2	Please provide details, including the name and address of the establishment and the nature and extent of the interest.			

<b>8</b>	<b>Previous applications</b>			
8.1	Has the applicant, or any person named in this application, previously applied for a similar registration or licence?	No <input type="checkbox"/> Yes – granted <input checked="" type="checkbox"/> Yes – refused <input type="checkbox"/> Yes – revoked <input type="checkbox"/>	If no, go to question 6.1	M
8.2	Please provide details, including local authorities applied to and relevant dates			

<b>9</b>	<b>Convictions</b>			
9.1	Has the applicant or any person named in this application been convicted of any criminal offence?	Yes <u>(No)</u>	If no, go to 6.1	M
Please provide details – subject to the Rehabilitation of Offenders Act 1974 All unspent crimes must be declared				
9.2	Name of person			
9.3	Date			
9.4	Court			
9.5	Offence			
9.6	Penalty			
9.7	Add another conviction?	Yes	If yes, this section will be repeated	

<b>10</b>	<b>Additional details*</b>			
10.1	Please provide any additional information relevant to the application			
* Please check local guidance notes and conditions for any additional information which may be required				

<b>11</b>	<b>Declaration and signature</b>			
The declaration required by the individual local authority will appear here				
	Digital signature			
	Date	16.5.2012.		