



**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982
APPLICATION FOR THE GRANT OF A SEX ESTABLISHMENT LICENCE**

ALL SECTIONS MUST BE COMPLETED. Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in BLOCK capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

PART 1-Premises details

Postal address of premises	PINK PAPERS THE STABLES LUCY ROAD SOUTHEND, ESSEX, SS1 2AU
Post town	SOUTHEND ON SEA
Post code	SS1 2AU
Telephone number of the premises	01702 610172
Email address of the premises	

Additional details

State the date on which the premises were first used as a sex establishment	1999
Description of premises at which business is to be carried on (eg shop, house, etc)	LAP DANCING CLUB
Parts of premises to be used	GROUND FLOOR AND LOWER GROUND FLOOR
Purposes for which the remainder of the building is to be used.	N/A

What is the applicant's interest in the premises? Please tick yes

Freehold

Leasehold

If leasehold state:	
Whether it is a head lease or a sub-lease	HEAD LEASE
The name and address of the landlord/superior landlord	W R RUFFLER AND M M V RUFFLER AS TRUSTEES OF THE DEED OF RE SETTLEMENT TRUST 2008 BOTH OF OCTAGON HOUSE, 20 HOOK ROAD, EPSOM, SURREY KT19 8TR
Length of the unexpired term of the lease	9 YEARS
Period of notice required to terminate the lease.	N/A

Leaseholders are required to submit evidence of their right to occupy the premises as part of their application

PART 2-Applicant details

Please state whether you are applying for a licence as

Please tick yes

(a) an individual or individuals
- please complete sections A and C

(b) a person other than an individual
- please complete sections B and C

(i) as a limited company

(ii) as a partnership

(iii) as an unincorporated association

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Applicant 1.

Surname	STAVROU
First names	ANDROS STEVEN
Former names(if any)	
Date of birth	26 OCTOBER 1966
Place of birth	LONDON
Nationality	BRITISH
Address of permanent private place of residence	6C CLIFTON TERRACE, SOUTHEND ON SEA ESSEX SSI 1DT
Period of residence at this address	3 YEARS
Previous address of permanent private place of residence if less than 6 months at current address	
Period of residence at this address	

Applicant 2. (if applicable)

Surname	
First names	
Former names(if any)	
Date of birth	
Place of birth	
Nationality	
Address of permanent private place of residence	
Period of residence at this address	
Previous address of permanent private place of residence if less than 6 months at current address	
Period of residence at this address	

(B) OTHER APPLICANTS

Full name of body	
Address of registered or principal office	
Where appropriate please give the following information	
Company registration number	
Date & place of incorporation	
Whether the applicant is a wholly or partly owned subsidiary of another company	

In the case of a partnership or other joint venture (other than a body corporate) please give a description of applicant (for example partnership, company, unincorporated association)	
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Please give the following details of each party concerned in the organisation

Party 1.

Surname	
First names	
Former names(if any)	
Date of birth	
Place of birth	
Nationality	
Address of permanent private place of residence	
Period of residence at this address	
Previous address of permanent private place of residence if less than 6 months at current address	
Period of residence at this address	

Party 2. (if applicable)

Surname	
First names	
Former names(if any)	
Date of birth	
Place of birth	
Nationality	
Address of permanent private place of residence	
Period of residence at this address	
Previous address of permanent private place of residence if less than 6 months at current address	
Period of residence at this address	

Is the whole of the business owned by the applicant Yes No

If 'No' state the names and addresses of those who will share in the profits of the business.. In each case state the percentage share of the profit.

Name	Address	% Share

(C) ANY OTHER PERSON RESPONSIBLE FOR THE MANAGEMENT OF THE PREMISES

Surname	
First names	
Former names(if any)	
Date of birth	
Place of birth	
Nationality	
Address of permanent private place of residence	
Period of residence at this address	
Previous address of permanent private place of residence if less than 6 months at current address	
Period of residence at this address	

Employment during the previous 6 years

Nature of Employment	Place of employment	Period of employment

OTHER INFORMATION REQUIRED

1. Name and address of any sex establishment or premises licensed under the Licensing Act 2003, with which any person named or company above is presently or has previously been connected with.

Name of person or company	ANDROS STAVROU	
Name & Address of Premises	PINK PAPERS LUCY ROAD SOUTHEND ON SEA ESSEX SSI 2AU	
Nature and extent of interest	LESSEE / OWNER OF BUSINESS	
Dates connected with establishment.	From	2020
	To	CURRENT

2. Full particulars of any previous application by any person or company named above for the grant or renewal for a licence for a sex establishment which has been refused

Name of person or company	
Name & Address of Premises	
Outline reason for refusal	
Date of refusal	
Name & address of Licensing Authority making refusal	

3. Full particulars of the revocation of a licence for a sex establishment held by any person or company named above.

Name of person or company	
Name & Address of Premises	
Outline reason for revocation	
Date of revocation	
Name & address of Licensing Authority making revocation	

4. Full particulars of any person named above being disqualified from holding a licence for a sex establishment.

Name of person	
Outline reason for disqualification	
Date of disqualification	
Name and address of Licensing Authority making disqualification (if applicable)	

5. Have you any convictions recorded against any person listed in part 2? Or if a body corporate or unincorporated body that body or any of its directors or other persons responsible for its management? If so please state:

Name	Date of Conviction	Offence	Sentence (including suspended sentences)

NB this information must be supplied in addition to any CRB documentation

PART 3- Operation of premises

You should attach to this application form any additional documentation which may assist in demonstrating the following information:

1. Describe lay-out and style of operation of the premises

THE PREMISES ARE A 2 STOREY PREMISES CONSISTING OF A
GROUND FLOOR AND LOWER GROUND FLOOR FOR PROVISION OF ALCOHOL AND LAP

DANCING AS EXISTING

2. Indicate the particulars of business to be conducted:

- Direct retail supplies
- Mail Order supplies
- Wholesale distribution
- Cinema
- Other (please specify) STRIPTEASE

3. Details of articles to be offered for sale, hire etc

- Books Yes No
- Video and/or DVD an/or other films Yes No
- Other items (please specify) Yes No

4. What experience do you have in the operation/management of sex establishments?

OPERATED SUNSET/PINK PAPERS SINCE 2020

5. Who is going to be present and responsible for the management of the premises during opening hours?

ANDROS STEVEN STAVROU

6.	What training is given to staff and how will they be monitored? (please enclose copies of your training programme and training records as appropriate)
	MR ANDROS STAVROU HOLDS A PERSONAL LICENCE UNDER LICENSING ACT 2003 AND PASSED THE APLH. TRAINING MANUAL ATTACHED
7.	Will door staff be employed? If yes please give details
	YES 2 DOOR STAFF
8.	Will CCTV cameras be installed at the premises? State internally and/or externally. If yes please include details of specification and location of camera's
	YES 25 CAMERAS AND VIDEO (NEW DIGITAL SYSTEM)
9.	What steps will be taken to prevent solicitation of the business in or in the immediate vicinity of the premises
	NO EXTERNAL ADVERTISING AS EXISTING
10.	What specific management controls are proposed? Documentary evidence is required. eg training programmes, policies etc
	ANDROS STAVROU HOLDS THE PERSONA LICENCE AND APLH. SEE TRAINING MANUAL AND RULES / POLICIES ATTACHED
11.	What rules of conduct for customers and (where relevant) performers are in place?
	NOTICES STATING NO PHOTOGRAPHY OR TOUCHING OF PERFORMERS WILL BE ALLOWED ARE SITUATED THROUGHOUT THE PREMISES. PHOTOGRAPHS OF NOTICES ARE ATTACHED
12.	What means are to be taken to prevent the interior of the premises being visible from the exterior of the premises.?
	ALL WINDOWS ARE OBSCURED AND CURTAINS ARE PULLED CLOSED TO PREVENT VISIBILITY FROM THE EXTERIOR AS EXISTING AT THE PREMISES.

13. Is the business required to purchase merchandise from a particular company, person or body? If 'yes' supply a copy of any agreement and state what is to be purchased and from whom. Yes No

PART 4-General

1. When do you want the licence to start?

OR DAY AFTER EXPIRY OF EXISTING LICENCE

Day Month Year

1	6	0	3	2	0	2	1
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2. If you wish the licence to be valid only for a limited period, when do you want it to end?

Day Month Year

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3. Please indicate the days and hours you wish to trade

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
From:	12:00 ^{NON}	12:00	12:00	12:00	12:00	12:00	12:00
To:	02:30	02:30	02:30	02:30	03:30	03:30	02:30

4. What is the intended trading name or title of the establishment?

PINK PAPERS

5. What is the intended use of the premises?

sex shop

Yes

No

sex cinema

Yes

No

sex entertainment venue

Yes

No

6. If the answer to any part of questions 5, is 'yes' please provide full details.

SEMI-NUDE DANCERS TO MUSIC

PART 5- Confirmation

Please tick

I have already paid or enclose payment of the fee

Yes No

I have enclosed a site plan (scale 1/500) showing the premises in relation to other premises within a 100 metre radius.

Yes No

I have enclosed a plan of the premises (scale 1/100 unless agreed in writing by the Licensing Authority) in respect of which the licence is sought.

Yes No

I have enclosed drawings showing the proposed front elevation of the premises and photographs showing it as existing.

Yes No

I have enclosed 2 passport photographs of each of the individuals named in sections Part 2 of the application form. The reverse of one photograph must state the full name of the individual and be signed and dated by them. The reverse of the other must be certified using the form supplied with this application

Yes No

If the applicant is a company, a copy of the current Memorandum and Articles of Association is enclosed. Yes No N/A

If the applicant is a partnership a certified copy of the partnership deed is enclosed. Yes No N/A

If the applicant is a leaseholder evidence of right to occupy the premises is enclosed. Yes No N/A

I have sent a complete copy of this application, including all photos, drawings and plans to the Chief Officer of Police at Southend Police Station. Yes No

I understand that public notice of the application must be given by:

- (i) publishing an advertisement in a local newspaper circulating in the Council's administrative area no later than 7 days after the date of the application and
- (ii) displaying a notice in the form prescribed by the Council on or near the premises and in a place where the notice can be conveniently read by the public, for 21 *consecutive* days beginning with the date of the application.

I shall supply to the Council:

- (i) a complete copy of the newspaper in which the notice of application has been published, within 48 hours of the date of publication.
- (ii) evidence of due service of the application on the Chief Officer of Police


I understand that if I do not comply with the above requirements my application will be rejected.

PART 6-Declaration

The information contained in this form is correct to the best of my knowledge and belief.

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE, AT LEVEL 5, TO MAKE A FALSE STATEMENT WITHIN OR IN CONNECTION WITH THIS APPLICATION

A. Individual applicant/s

Print Name	ANDROS STEVEN STAVROU
Signature	
Date	22/01/2021

For joint applications signature of 2nd applicant

Print Name	
Signature	
Date	

B Other applicants

Full name of the person authorised to sign on behalf of the organisation

Print Name	
Capacity	
Signature	
Date	

C. CONTACT FOR CORRESPONDENCE

Postal address	A. D. MURRELL DRYSDALES SOLICITORS LLP CUMBERLAND HOUSE 24-28 BAXTER AVENUE SOUTHEND ESSEX SS2 6HZ
Post town	SOUTHEND-ON-SEA
Post code	SS2 6HZ
Telephone number	01702 423400
Email	a.murrell@drysdales.net

Please Note

- The Licensing Authority may require further information before this application is determined.
- Incomplete applications will be rejected.
- Applications can only be signed by the applicant(s) or an officer of the applicant company. Applications signed by solicitors or consultants are not acceptable.



Park



The contractor is to erect and erect all buildings and site boundaries, walls, and other structures in accordance with the plans. The drawings shall be prepared and drawn upon any previous or other special arrangements. Any drawings shall be referred to the plans. The drawings shall be prepared and drawn upon any previous or other special arrangements. Any drawings shall be referred to the plans. The drawings shall be prepared and drawn upon any previous or other special arrangements. Any drawings shall be referred to the plans.

STONE Me!
 ARCHITECTURE & INTERIOR DESIGN
 1000 @ A1
 1878 01

PINK PAPERS, LUCY ROAD,
 SOUTHEND-ON-SEA, ESSEX, SSI 2AU

SITE LOCATION PLAN



01702 610172
Gentlemen's Bar & Club

Pink Paper

P
P
P
P



↑ verify this is
a true likeness
of ANDROS
STEVEN STAVROV

Andrew Jurek
ANDREW MURRELL
SOCIETAL
29/1/2024

APPLICATION FOR S.E.V -GUIDANCE ON THE PHOTOGRAPHS (Photocopy this section as required)

Two photographs of each individual named in part 2 of the application form must be included with your application, which shall be:

- (i) taken against a light background so that the applicant's features are distinguishable and contrast against the background,
- (ii) 45 millimeters by 35 millimeters,
- (iii) full face uncovered and without sunglasses and, unless the applicant wears a head covering due to his religious beliefs, without a head covering,
- (iv) on photographic paper,
- (v) The reverse of one photograph must state the full name of the individual and be signed and dated by them.
- (vi) Photographs shall be accompanied by the completed statement below verifying the likeness of the photograph to the applicant by a qualifying person listed over leaf.

Please ask your counter-signatory to also certify the rear of one photograph with the handwritten words:

"I verify this to be a true likeness of (NAME)". The photo should then be signed



Photos should be stapled at the edge in the spaces provided



Name of Applicant (PLEASE PRINT)..... ANDROS STEVEN STAVROU
Address of Applicant 6C CLIFTON TERRACE
..... SOUTHEND, ESSEX
..... SS1 1DT

Name and Address of the person certifying the photographs (PLEASE PRINT)

Name ANDREW MURRELL
Address A D MURRELL LLM
..... SOLICITOR
Contact/Telephone 01702 423400 DRYSDALES
..... CUMBERLAND HOUSE
Signature [Handwritten Signature] 24-28 BAXTER AVENUE
..... SOUTHEND ON SEA
..... ESSEX SS2 6HZ

State how the person qualifies to certify the photographs
..... SOLICITOR