

## Sex Establishment Application Suitability of Applicant Questions

| 1. | Full name of Applicant: BAR DYNAMICS LTD                                                                                                                            |  |  |  |  |  |  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 2. | Former name (if any): Sole Director : MARK SHERMAN                                                                                                                  |  |  |  |  |  |  |
| 3. | Date of birth: 21. 07. 1984                                                                                                                                         |  |  |  |  |  |  |
| 4. | Gender: Male Female                                                                                                                                                 |  |  |  |  |  |  |
| 5. | Permanent Residential Address:                                                                                                                                      |  |  |  |  |  |  |
|    | 161, SIDWELL STREET                                                                                                                                                 |  |  |  |  |  |  |
|    | EXETER                                                                                                                                                              |  |  |  |  |  |  |
|    |                                                                                                                                                                     |  |  |  |  |  |  |
| 6. | If you have been resident at the above address for less than 3 years, please state previous address:                                                                |  |  |  |  |  |  |
|    | NOT APPLICABLE                                                                                                                                                      |  |  |  |  |  |  |
|    |                                                                                                                                                                     |  |  |  |  |  |  |
| 7. | Have you been a resident in the United Kingdom for more than six months prior to the date of the application?  Yes No                                               |  |  |  |  |  |  |
| 8. | Have you ever been disqualified from holding a Sex Establishment Licence under Schedule 3 Paragraph 17 of the Local Government (Miscellaneous Provisions) Act 1982? |  |  |  |  |  |  |
|    | Yes No                                                                                                                                                              |  |  |  |  |  |  |
| 9. | If you have answered yes to question 8, please give details:                                                                                                        |  |  |  |  |  |  |
|    | NOT APPLICABLE                                                                                                                                                      |  |  |  |  |  |  |
|    | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                             |  |  |  |  |  |  |

|     |                        | NOT APPHOASIE                                                                                                                                                        |                        |               |
|-----|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|
| 15. | If you hav             | ve answered yes to question 14, please prov                                                                                                                          | vide full details      | :             |
| 14. | To your k              | nowledge are you currently the subject of ar                                                                                                                         | ny criminal inv<br>Yes | estigation?   |
|     |                        | NOT APPLICABLE                                                                                                                                                       |                        |               |
|     |                        | g court, offence and penalty imposed:                                                                                                                                |                        |               |
| 13. | If you ha              | ve answered yes to question 12, please prov                                                                                                                          | /ide details of        | the date,     |
| 12. |                        | u ever been convicted of a criminal offence, vor elsewhere?                                                                                                          | whether in the         | United        |
|     |                        | NOT APPLICABLE                                                                                                                                                       |                        |               |
| 11. | If you ha              | eve answered yes to any of the questions in                                                                                                                          | 10, please pro         | vide full     |
|     |                        |                                                                                                                                                                      | Yes                    | No 🔽          |
|     | d.                     | Personal Licence under the Licence Act 20                                                                                                                            | 003                    |               |
|     | C.                     | Licence for the provision of entertainment, otherwise                                                                                                                | Yes                    | al or<br>No 🗹 |
|     |                        | Licence for the sale or supply of alcohol                                                                                                                            | Yes                    | No 🗹          |
|     | a.                     | Sex Establishment Licence                                                                                                                                            | Yes                    | No 🔽          |
| 10  | proprieto<br>otherwise | u ever been involved in the management of a<br>or, director, company secretary, partner, man<br>e which has had any of the following types o<br>reviewed or revoked? | ager, supervis         | sor or        |

| 16.                                                                       | 16. Have you ever had civil legal action taken against you?                                                                 |          |           |      |              |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------|-----------|------|--------------|--|
|                                                                           |                                                                                                                             | Yes      |           | No   | V            |  |
| 17. If you have answered yes to question 16, please provide full details: |                                                                                                                             |          |           |      |              |  |
|                                                                           | NOT APPLICABLE                                                                                                              |          |           |      |              |  |
|                                                                           |                                                                                                                             |          |           |      |              |  |
| 18.                                                                       | Have you ever been declared bankrupt or entered i creditors or an individual Voluntary Arrangement?                         | to an a  | arrange   | ment | with         |  |
|                                                                           | ordanial of all marvidadi voluntary / trangement.                                                                           | Yes      |           | No   | $\checkmark$ |  |
| 19. If you have answered yes to question 18, please provide full details: |                                                                                                                             |          |           |      |              |  |
|                                                                           | NOT APPLICABLE                                                                                                              |          |           |      |              |  |
| 20                                                                        | . Have you ever been disqualified from acting as a com                                                                      | nany     | directo   | r?   |              |  |
| 20.                                                                       | Thave you ever been allequalined from desiring de a con-                                                                    | Yes      |           | No   | V            |  |
| 21.                                                                       | . If you have answered yes to question 20, please prov                                                                      | ride ful | l details | s:   |              |  |
|                                                                           | NOT APPLICABLE                                                                                                              |          |           |      | O.W 1        |  |
|                                                                           |                                                                                                                             |          |           |      |              |  |
| 22.                                                                       | 2.Does the applicant operate any other sex establishment, whether licensed or not?                                          |          |           |      |              |  |
| 23.                                                                       | . If you have answered yes to question 22, please sate type of sex establishment (e.g. sex cinema, sex shop venue) of each: |          |           |      |              |  |
|                                                                           | NOT APPLICABLE                                                                                                              |          |           |      |              |  |
|                                                                           |                                                                                                                             |          |           |      |              |  |

| 24  |        | ere any<br>olishme |         | ng perm                | rmission for the use of the pre |            |       |          |         | emises as a sex |         |          |  |  |
|-----|--------|--------------------|---------|------------------------|---------------------------------|------------|-------|----------|---------|-----------------|---------|----------|--|--|
|     | Colar  | 7113111110         | 51 IC ! |                        |                                 |            |       |          | Yes     |                 | No      |          |  |  |
| 25  |        |                    |         | ed yes t<br>n was gr   |                                 |            | plea  | se state | e the o | date th         | at the  | Э        |  |  |
|     | PLA    | JNINC              | i PER   | MISSION                | FOR                             | Sui        | Ge    | NARIS    | CHA     | 3N08            | or      | USE      |  |  |
|     |        |                    |         |                        |                                 |            |       |          |         |                 |         | JUNE     |  |  |
| 26  |        |                    |         | o to Que<br>nt is lawf |                                 |            |       |          |         |                 |         |          |  |  |
|     |        |                    | r       | NOT A                  | PPLICA                          | BLE        |       |          |         |                 |         |          |  |  |
| 27  | day n  | nanage             | ement c | ll name of the pre     |                                 |            |       |          | espon   | sible f         | or the  | e day to |  |  |
| 28. |        |                    |         | the Mar<br>busines     |                                 |            |       |          | exclus  |                 | cupa    | tion:    |  |  |
|     | to day |                    | igemen  | l name/r<br>t of the b |                                 |            |       |          | resp    | onsible         | e for t | he day   |  |  |
|     |        |                    | SEAN    | MAS                    | 50~                             | <u>- S</u> | UPEL  | usoe,    | /DE     | ρύτς            | MA      | NAGER    |  |  |
|     |        |                    |         |                        |                                 |            |       |          |         |                 |         |          |  |  |
|     |        |                    |         | es Relie<br>Manage     |                                 | ıger(s) l  | oe ba | sed at   | •       | emise           |         |          |  |  |

| reasonably expect no      | ormation which you believe the licensing authority would office of or you would like the licensing authority to take onsidering the information you have supplied?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No                        | The later of the state of the s |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                           | knowledge and belief that the information given as / interview is complete and correct in every respect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                           | sing Team at Exeter City Council should any of the ime of this questionnaire / interview should change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Signed:                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Name:                | MARK SHERMAN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Position in Organisation: | DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date:                     | 14.08.23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

