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2 8 FEB 2020

Full Name Age	Date of Birth
Permanent Address	Place of Birth
	Tel. No.
Post Code	Tel. 140.
If the application is made on behalf of a obody please state:	corporate or unincorporated
Full Name of body PARISIAN F	SISTRO LTO
Address of registered or principal office _	
HALF, ALTRINCHAM	
Give full names and private addresses or responsible for management of the estable	
Full Name ROY JOSEPH DOOD	Age <u>60</u>
	Date of Birth 16/03/19
Permanent Address:	
Permanent Address: 3 INARWICK ROAD	Place of Birth MANCHES
	Place of Birth MANCHES
3 WARWICK ROAD	Place of Birth MANCHES
3 INARWICK ROAD, HALE, ALTRINCHAM	Place of Birth MANCHES Tel. No 0161, 928 07
3 INARWICK ROAD, HALE, ALTIRINCHAM Postcode WAIS 9NS	Place of Birth MANCHES Tel. No 0161. 928 07

Permanent Address:	Place of Birth
	~ —
	Tel. No
. /	
Postcode	
Full Name	Age
	Date of Birth
/	
Permanent Address:	Place of Birth
	_
	Tel. No
	101. 110
Postcode	
	where the applicant is a
-	
le the englicent a wholly or portly own	ad aubaidian, of another
	ed subsidiary of another
iniparty:	(YES/NO
	(e.g. public, private, limited by
Share or guarantee etc.?	-GO
NAMe in the common in the	nata dO
which country is the company incorpo	rated?
UK	
What is the date of incorporation?	^
	APRIL 2000
	This question need only be answered impany. Is the applicant a wholly or partly owner impany? What type of company is the applicant share or guarantee etc.?

8. Is the applicant or any person whose name is given above concerned in any way financially or otherwise with any other business which controls, manages or supplies sex establishments? YES/NO	
9. If the answer to question 8. is "YES" please give the names of those persons concerned, full details of the other business and the nature and extent of the connection.	
10. What is the nature of the applicant's interest in the premises? Please state whether it is freehold or leasehold.	
11. If the applicant's interest in the premises is a leasehold one, please state the name and address of the landlord. CHARLOTTE STREET ESTATES, I ASHLEY ROAD, ALTERICANTES	1₽4√
13. Have you any convictions recorded against you? Or if a body corporate or unincorporated body any convictions recorded against that body or any of its Directors or other persons responsible for its management? If so please state: (If a renewal, since you last applied for a licence)	
Date of Offence Sentence (including suspended sentence) Conviction	
	R. P.
 a) All convictions must be disclosed. b) Spent convictions, as defined below, should not be included. 	
Sentence Becomes spent after:	
Imprisonment of between 6 months and 2½ 10 years years:	

Imprisonment of up to 6 months:	7 years
Borstal training:	7 years
A fine or other sentence not otherwise	_
covered in this table:	5 years
Absolute discharge:	6 months
Probation order, conditional discharge or bind over:	1 year (or until order expires, whichever is the longer)
Detention Centre Order	3 years
Remand home, attendance centre or approved school order	The period of the order and a further year after the order expires
Hospital order under the Mental Health Act:	The period of the order and a further 2 years after it expires.
Cashiering, discharge with ignominy or dismissal with disgrace from the armed forces:	10 years
Dismissal from Armed Forces:	7 years
Detention:	5 years
NOTE: (i) A sentence of more than 2½ years' never become spent (ii) If you were under 17 years of age of conviction, please halve the period hand column	on the date of
14. Have you been resident in the United Kingdom to six months immediately preceding the date of this	nroughout a period of s application? YES/NO
15. Full Address of premises desired to be used as a	sex establishment
THE CAOSEWAY, ALTRINCHAM, C	HESHIRE, WALL IDE
16. Under what name is or will the business be known	wn?
TOTTIES	

	state where it is to be used as a sex establishment
	18. Are the whole of the premises to be used under the licence?
	19. If the answer to question 18. is "NO" please state
	(i) which part of the premises is to be used for the purposes of the licence
	(ii) the use to which the remainder of the premises are put
	(iii) the names of those who are responsible for the management of the remainder of the premises
	22. During which hours do you wish to trade?
	23. On which days do you wish to trade?
	MONDAY TO SONDAY
36	

to permit access to and from the premises for members of the who are disabled?	
	YES(NO)
21. If the answer to question 20 above is "NO" please state (on sheet) the applicant's proposals for affording such access.	separate
22. During which hours do you wish to trade?	
12pm till 3AM	
23. On which days do you wish to trade?	
MONDAY - SUNDAY	У
a 22	
24. Are the premises to be used as a sex shop? Are the premises to be used as a sex cinema Are the premises to be used as a sexual entertainment venue.	YES/NO YES/NO Ie? YES/NO
25. Are you (or, if a corporate or unincorporated body, that body disqualified from holding a licence for a sex establishment?	YES/NO
26. Have you ever been refused a licence for a sex establishme	nt? YES/NO
If YES, please give details	
27. I declare that I have checked the information given on this a form and to the best of my knowledge and believe it is correct	
Date 20 02 20 Signature	6/

Regarding question 20.

Staff are available and trained toassist Customers with a disability onto the premises.