

* required information

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

Tom's Midnight Garden - Goffs Park

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is your business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number

12062813

Business name

Dark Skies Theatre Ltd

If your business is registered, use its registered name.

VAT number

-

Put "none" if you are not registered for VAT.

Legal status

Private Limited Company

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Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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APPLICATION DETAILS [See also guidance on completing the form, general notes and note 1\)](#)

Have you had any previous or maiden names?

- Yes No

Enter details of any previous names or maiden names

First name

Family name

* Your date of birth Applicant must be 18 years of age or older

National Insurance number This box need not be completed if you are an individual not liable to pay UK national insurance.

Place of birth

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Correspondence Address

Is the address the same as (or similar to) the address given in section one? "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

- Yes No

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Additional Contact Details

Are the contact details the same as (or similar to) those given in section one? "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

- Yes No

E-mail

Telephone number

Other telephone number

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THE PREMISES

I, the proposed user, hereby give notice under section 100 of the Licensing Act 2003 of my proposal to carry out a temporary activity at the premises described below.

Give the address of the premises where you intend to carry on the licensable activities or if it has no address give a detailed description (including the Ordnance Survey references) [\(See also guidance on completing the form, note 2\)](#)

* Does the premises have an address?

- Yes No

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Address

Is the address the same as (or similar to) the address given in section one? If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

* Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)?

Neither Premises licence

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If the licensable activities will include the supply of alcohol, state whether the supplies will be for consumption on or off the premises, or both
[\(see also guidance on completing the form, note 12\)](#)

- On the premises only
- Off the premises only
- Both

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RELEVANT ENTERTAINMENT [\(See also guidance on completing the form, note 13\)](#)

State if the licensable activities will include the provision of relevant entertainment. If so, state the times during the event period that you propose to provide relevant entertainment

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PERSONAL LICENCE HOLDER [\(See also guidance on completing the form, note 14\)](#)

Do you currently hold a valid personal licence? Yes No

Provide the details of your personal licence below.

Issuing licensing authority

Licence number

Date of issue

Any further relevant details

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PREVIOUS TEMPORARY EVENT NOTICE [\(See also guidance on completing the form, note 15\)](#)

Have you previously given a temporary event notice in respect of any premises for events falling in the same calendar year as the event for which you are now giving this temporary event notice? Yes No

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State the number of temporary event notices (including the number of late temporary event notices, if any) you have given for events in that same calendar year

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OFFICE USE ONLY

Applicant reference number	<input type="text" value="Tom's Midnight Garden - Goffs Park"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

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