



**Crawley
Temporary Event Notice
Licensing Act 2003**

For help contact
licensing@crawley.gov.uk
Telephone: 1293438000

* 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

You can put what you want here to help you

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Address

* Building number or name	<input type="text" value="The Gatwick School"/>
* Street	<input type="text" value="23 Gatwick Road"/>
District	<input type="text" value="Crawley"/>
* City or town	<input type="text" value="West Sussex"/>
County or administrative area	<input type="text" value="Crawley"/>
* Postcode	<input type="text" value="RH10 9TP"/>
* Country	<input type="text" value="United Kingdom"/>

Agent Details

* First name	<input type="text"/>
* Family name	<input type="text"/>
* E-mail	<input type="text"/>
Main telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

Include country code.

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

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Your Address

* Building number or name	<input type="text"/>
	<input type="text"/>

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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

/ / 

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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

Address

Is the address the same as (or similar to) the address given in section one?

Yes No

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.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

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LICENSABLE ACTIVITIES

State the licensable activities that you intend to carry on at the premises

[\(see also guidance on completing the form, note 6\):](#)

The sale by retail of alcohol

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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

School Production and sale of alcohol and refreshments between the hours of 5pm and 10pm on 7th, 8th and 9th March 2023.

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

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 / /
dd mm yyyy

Any further relevant details

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

Have you previously given a temporary event notice in respect of any premises for events falling in the same

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Have you already given a temporary event notice for the same premises in which the event period:

- a) Ends 24 hours or less before; or Yes No
- b) Begins 24 hours or less after the event period proposed in this notice?

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ASSOCIATES AND BUSINESS COLLEAGUES [\(See also guidance on completing the form, note 16\)](#)

Has any associate of yours given a temporary event notice for an event in the same calendar year as the event for which you are now giving a temporary event notice?

- Yes No

Has any associate of yours already given a temporary event notice for the same premises in which the event period:

- a) Ends 24 hours or less before; or Yes No
- b) Begins 24 hours or less after the event period proposed in this notice?

Has any person with whom you are in business carrying on licensable activities given a temporary event notice for an event in the same calendar year as the event for which you are now giving a temporary event notice?

- Yes No

Has any person with whom you are in business carrying on licensable activities already given a temporary event notice for the same premises in which the event period:

- a) Ends 24 hours or less before; or Yes No
- b) Begins 24 hours or less after the event period proposed in this notice?

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CONDITION [\(See also guidance on completing the form, note 18\)](#)

It is a condition of this temporary event notice that where the relevant licensable activities described in Sections 4 and 5 above include the supply of alcohol that all such supplies are made by or under the authority of the premises user.

PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed fee of £21

DECLARATION [\(See also guidance on completing the form, note 19\)](#)

- * (i) to knowingly or recklessly make a false statement in connection with this temporary event notice and that a person is liable on summary conviction for such an offence to a fine of any amount; and
- (ii) to permit an unauthorised licensable activity to be carried on at any place and that a person is liable on summary conviction for any such offence to a fine of any amount, or to imprisonment for a term not exceeding six (6) months, or to both.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

OFFICE USE ONLY

Applicant reference number	<input type="text"/>
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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