

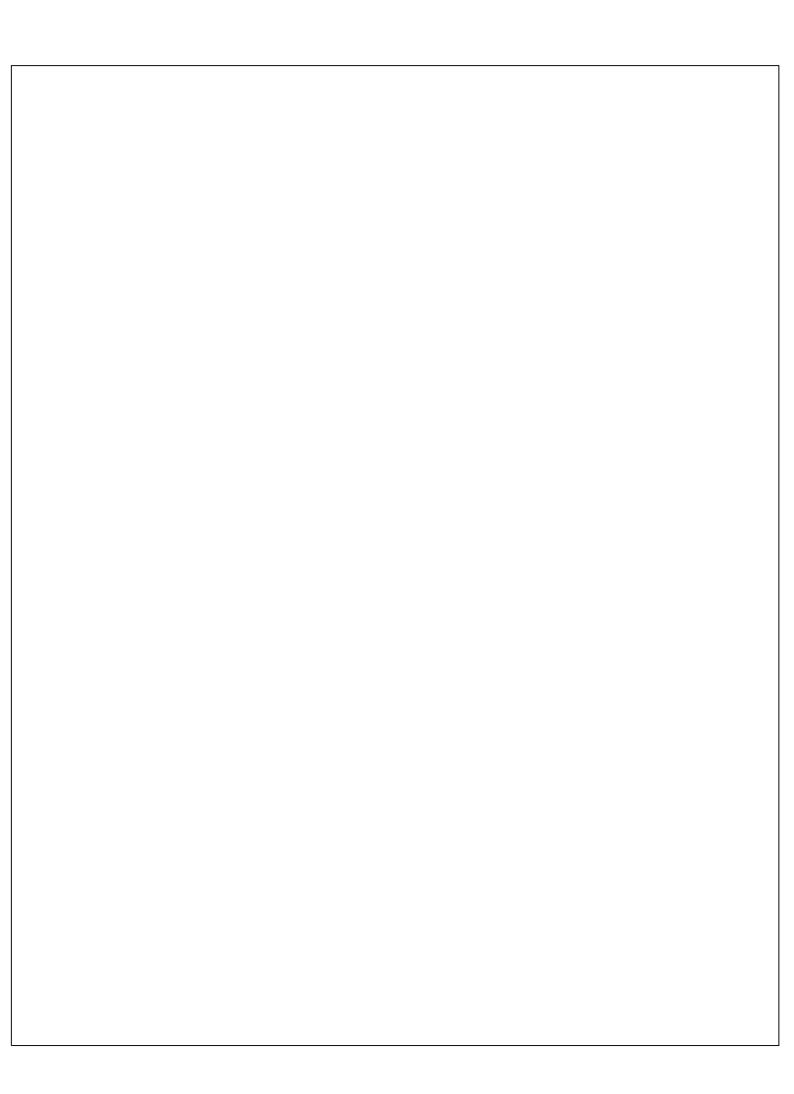
Crawley Temporary Event Notice Licensing Act 2003

For help contact licensing@crawley.gov.uk

Telephone: 1293438000

* required information

Section 1 of 9		
You can save the form at an	y time and resume it later. You do not need	to be logged in when you resume.
• Yes O	No	Put "no" if you are applying on your own
* First name		
* Family name		
* E-mail	licence@eurosafetyinternational.co.uk	
Main telephone number		Include country code.
Other telephone number		
0		



Continued from previous page		
Agent Registered Address		Address registered with Companies House
Building number or name	84	
Street	Hayes Lane	
District		
City or town	Bromley	
County or administrative area		
Postcode	BR2 9EE	
Country	United Kingdom	
Section 2 of 9		
APPLICATION DETAIL See	also guidance on completing the form, gene	ral notes and note 1)
Have you had any previous o	or maiden names?	
Yes	No	
		Applicant must be 18 years of age or older
* Your date of birth	dd mm yyyy	Tippinosino indicato no young or ago er ciaci
National Insurance number		This box need not be completed if you are an individual not liable to pay UK national insurance.
Place of birth		
Correspondence Address		
Is the address the same as (or similar to) the address given in section on	eff "Yes" is selected you can re-use the details
Yes	○ No	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	-	
Country		

vious page	
et Details	
etails the same as (or similar to) thos	e given in section orle"?Yes" is selected you can re-use the detain from section one, or amend them as
○ No	required. Select "No" to enter a completely new set of details.Mnl7.lTdetals Mnl7.lTdetals
	etails the same as (or similar to) thos

Continued from previous page		

Continued from previous page Any further relevant details			
Any	iuitilei reievant de ———	JEIGIIS	
Section 7 of 9			
PREVIOUS TEMPORARY EVENT	ΓNOTI Ç≣⊛ also g	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	
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			
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 b) Begins 24 hours or less after the event period proposed in this notice?	Yes	No	
Section 8 of 9			
ASSOCIATES AND BUSINESS C	OLLEAG(MESS also	so guidance on completing the form, note 16)	
event for which you are now giving a temporary event notice?	Yes	No	
Has any associate of yours already given a temporary			

Continued from previous page				
Has any person with whom you are in business carrying on licensable activities given temporary event notice for ar event in the same calendar year as the event for which you are now giving a temporary event notice?		•	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 b) Begins 24 hours or less after the event period proposed in this notice.	SS	•	No	
Section 9 of 9				
CONDITION (See also guida	nce on completing t	the form	, note 18)	
				nsable activities described in Sections 4 and under the authority of the premises user.
This fee must be paid to the a		nplete th	ne application onlin	ne, you must pay it by debit or credit card.
DECLARATION(See also qui		na the fo	rm note 19)	
, (i) to knowingly or recklessly	y make a false state	ement in	connection with the	his temporary event notice and that a perso
• •	d licensable activity	to be c	arried on at any pl	i, and lace and that a person is liable on summary ent for a term not exceeding six (6) months,
□ Ticking this box indicate □ Ticking this box in	ites you have read	and und	erstood the above	edeclaration
This section should be comp behalf of the applicant?"	leted by the applica	ınt, unle:	ss you answered "	'Yes" to the question "Are you an agent acti
* Full name				
* Capacity	Duly Authorised A	gent		
* Date	08 / 09 / dd mm	2023 уууу		
	Add an	other sig	natory	

Continued from previous page...

Once you're finished you need to do the following:

- Save this form to your computer by clicking file/save as...
 Go back to <a href="https://www.https://