



Your reference

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?

Continued from previous page...

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

Section 2 of 9

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 / /

dd mm yyyy

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

Continued from previous page...

Correspondence Address

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

☐

Continued from previous page...

Address

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

Continued from previous page...

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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](#)):

Continued from previous page...

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

[\(see also guidance on completing the form, note 12\):](#)

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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

36

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?

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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?

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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