

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 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 track applications if you make lots of them. It is passed to the authority.
Are you an agent acting	on behalf of the applicant?	
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Your position in the business	cook	The country where the beadquarters of your	
Home country	United Kingdom	The country where the headquarters of your business is located.	
Business Address		If you have one, this should be your official	
Building number or name	deerswood lodge care home	address - that is an address required of you by law for receiving communications.	
Street	ifield green		
District	ifield		
City or town	crawley		
County or administrative area	west sussex		
Postcode	rh11 0lz		
Country	United Kingdom		
Section 2 of 9			
APPLICATION DETAILS (See 2	also guidance on completing the form, gener	al notes and note 1)	
Have you had any previous or the second seco	maiden names?		

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Additional Contact Details			
Are the contact details the same	ne as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as	
• Yes	○ No	required. Select "No" to enter a completelynew set of details.	
E-mail			
Telephone number			
Other telephone number			
Section 3 of 9			
THE PREMISES			
activity at the premises describ Give the address of the premis description (including the Ord	es where you intend to carry on the licensable a nance Survey references). (See also guidance o	activities or if it has no address give a detailed	
* Does the premises have an a	ddress?		
Yes	○ No		
Address Is the address the same as (or s	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	
Yes	○ No	required. Select "No" to enter a completely new set of details.	
* Building number or name	deerswood lodge care home		
* Street	ifield green		
District	ifield		
* City or town	crawley		
County or administrative area	west sussex		
* Postcode	rh11 0lz		
* Country	United Kingdom		
* Does a premises licence or cl to the premises (or any part of	ub premises certificate have effect in relation the premises)?		
Neither	es licence Club premises certificate		
Location Details			
* Provide further details about the location of the event			
private garden in the care hon	ne funday		
	of the premises at this address or intend to restri (see also guidance on completing the form, not		



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State the times during the event period that you propose to carry on licensable activities (give times in 24 hour clock) (see also guidance on completing the form, note 10)	13:00-17:00	
State the maximum number of people at any one time that you intend to allow to be present at the premises during the times when you intend to carry on licensable activities, including any staff, organisers or performers (see also guidance on completing the form, note 11)	50	Note that the maximum number of people cannot exceed 499.
	nclude the supply of alcohol, state whether the on on or off the premises, or both ing the form, note 12):	
On the premises only		
 Off the premises only 		
○ Both		
Section 5 of 9		
RELEVANT ENTERTAINMENT	(See also guidance on completing the form	<u>n, note 13)</u>
State if the licensable activities period that you propose to pro	will include the provision of relevant entertain vide relevant entertainment	ment. If so, state the times during the event
Section 6 of 9		
PERSONAL LICENCE HOLDERS	S (See also guidance on completing the form	n, note 14)
Do you currently hold a valid personal licence? Yes No		
Provide the details of your pers	sonal licence below.	
Issuing licensing authority		
Licence number		
Electrice Harriber		
Date of issue	dd mm yyyy	

Continued from previous page			
Section 7 of 9			
PREVIOUS TEMPORARY EVEN	NOTICES (See also guidance or	n completing the form, note 15)	
Have you previously given a temporary event notice in			

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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?	C Yes ● No	
Section 9 of 9		
CONDITION (See also guidan	ce on completing the form, note 18)	
•	ry event notice that where the relevant licensable activities described in Sections 4 and 5 ohol 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 fe	ee of £21	
DECLARATION (See also guid	ance on completing the form, note 19)	
liable on summary conviction	nake a false statement in connection with this temporary event notice and that a person is for such an offence to a fine of any amount; and 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	personal licence holder	
* Date		

OFFICE USE ONLY		
Applicant reference number		
Fee paid		
Payment provider reference		
ELMS Payment Reference		
Payment status		
Payment authorisation code		
Payment authorisation date		
Date and time submitted		
Approval deadline		
Error message		
Is Digitally signed		
1 <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>9</u>	<u>6 7 8 9</u> Next >	