

Crawley Temporary Event Notice Licensing Act 2003

For help contact licensing@crawley.gov.uk

Telephone: 1293438000

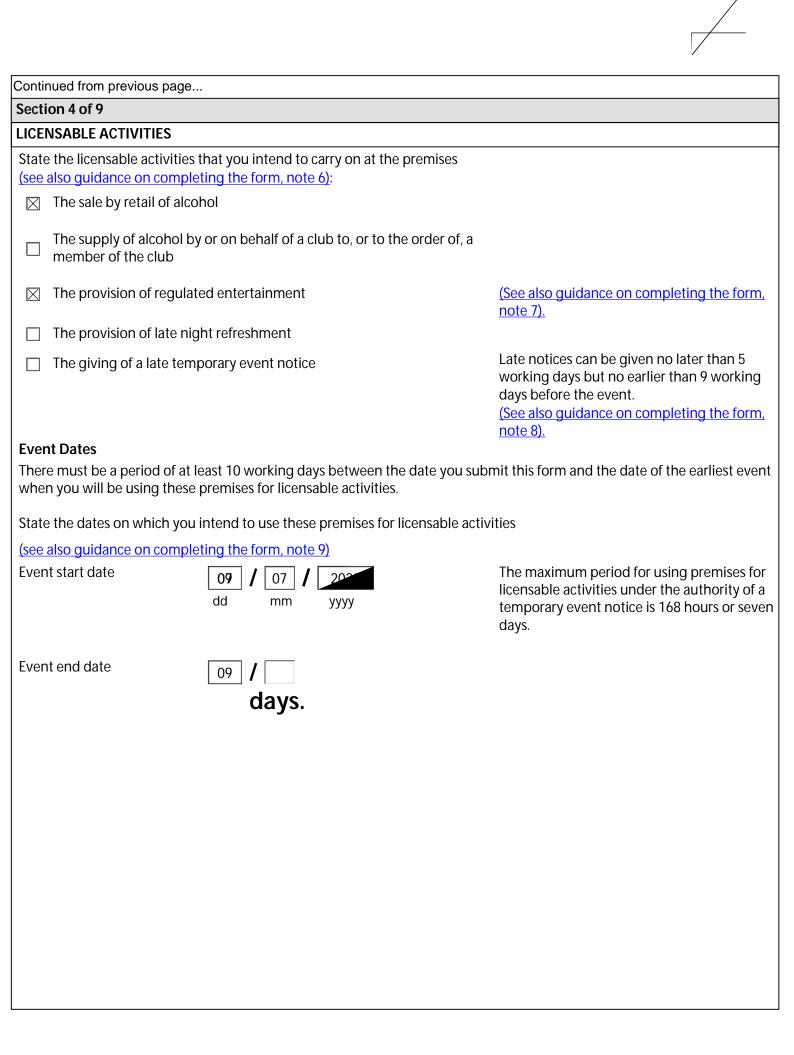
* required information

Section 1 of 9		
You can save the form at any	time and resume it later. You do not need to b	pe 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	Desmond Anderson Summer Fayre	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 b	ehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
		work for.
Applicant Details		
* First name	Danielle	
* Family name	Bedford	
* E-mail	the-dapa-pta@hotmail.com	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wo	ould prefer not to be contacted by telephone	
Are you:		
Applying as a business	or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individ 	ual	person without any special legal structure. Applying as an individual means you are 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.
Is your business registered outside the UK?		
Business name	Desmond Anderson Parent Teacher and friends association	If your business is registered, use its registered name.
VAT number -		Put "none" if you are not registered for VAT.
Legal status	Charity or Association	

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Your position in the business	Co Chair	
Home country	United Kingdom	The country where the headquarters of your business is located.
Business Address		
Building number or name	Desmond Anderson Primary Academy	
Street	Anderson Road	

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Correspondence 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
Yes	○ No	required. Select "No" to enter a completely new set of details.
Building number or name	Desmond Anderson Primary Academy	
Street	Anderson RoadAnderson Road	

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Address		
Is the address the same as (or s	imilar 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	Desmond Anderson Primary Academy	
* Street	Anderson Road	
District	Tilgate	
* City or town	Crawley	
County or administrative area	West Sussex	
* Postcode	RH10 5EA	
* Country	United Kingdom	
* Does a premises licence or clu to the premises (or any part of	ub premises certificate have effect in relation the premises)?	
	es licence Club premises certificate	
Location Details		
* Provide further details about	the location of the event	
Trovide fultriel details about	the location of the event	



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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
Section 5 of 9
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
Section 6 of 9
PERSONAL LICENCE HOLDERS (See also guidance on completing the form, note 14)
Do you currently hold a valid personal licence?

Continued from previous page.				
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?	0	Yes	0	No
notice:				

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	d licensable activity to be carried on at any place and that a person is liable on summary ace to a fine of any amount, or to imprisonment for a term not exceeding six (6) months, or to
☐ Ticking this box indicat	es you have read and understood the above declaration
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Danielle Bedford
* Capacity	Co Chair
* Date	27 / 05 / 2022 dd mm yyyy
	Add another signatory
continue with your application	uter by clicking file/save as v.uk/apply-for-a-licence/temporary-event-notice/crawley/apply-1 to upload this file and
OFFICE USE ONLY	
Applicant reference number	Desmond Anderson Summer Fayre
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>6</u> <u>7</u> <u>8</u> <u>9</u> Next >