



FORM (D)

TORBAY COUNCIL

17 FEB 2020

COMMUNITY SAFETY

LICENSING ACT 2003

APPLICATION FOR A TEMPORARY EVENT NOTICE

NOTIFICATION

Information held by Torbay Council complies with and is held in accordance with the UK Data Protection Act 1998. The information that you provide on this form will only be used for this application form and will only be disclosed where necessary under any applicable legislation.

Information may also be shared for the prevention and detection of crime, for example with the police and other agencies as required by law, such as the Audit Commission under the National Fraud Initiative data matching exercise.

You have a right of access to your personal information. If you wish to access your personal information or exercise any of your rights under the legislation then please contact Torbay Council's Information Governance team on 01803 20 7467. Further information can be found on the Information Governance pages on Torbay Council's Internet site at, www.torbay.gov.uk

Completed forms should be returned to:

Environmental Health Manager (Commercial)

Torbay Council

Community Safety

C/O Torquay Town Hall

Castle Circus

Torquay

TQ1 3DR

Contact Details:

Tel: 01803 208025

Web: www.torbay.gov.uk

Email: licensing@torbay.gov.uk

Temporary Event Notice

Before completing this notice, please read the guidance notes at the end of the notice. If you are completing this notice by hand, please write legibly in block capitals. In all cases, ensure that your answers are inside the boxes and written in black ink or typed. Use additional sheets if necessary.

You must send at least one copy of this notice to the licensing authority and additional copies must be sent to the Chief Officer of Police and the local authority exercising environmental health functions for the area in which the premises are situated. The licensing authority will send you written acknowledgement of the receipt of the notice.

You should keep a copy of the completed notice for your records.

I, the proposed premises user, hereby give notice under section 100 of the Licensing Act 2003 of my proposal to carry on a temporary activity at the premises described below.

1. The personal details of premises user (Please read note 1)	
1. Your name	
Title	Miss
Surname	Parker
Forenames	Gemma
2. Previous names (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)
Surname	
Forenames	
3. Your date of birth	01/01/1980
4. Your place of birth	Torquay
5. National Insurance Number	AB1234567
6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)	
10, The Strand, Torquay, Devon, TQ1 1AA	
Post town - TORQUAY	Postcode - TQ1 1AA
7. Other contact details	
Telephone numbers	
Daytime	01323 567890
Evening (optional)	
Mobile (optional)	07700 123456
Fax number (optional)	
E-Mail address (if available)	gemma.parker@torquay.gov.uk

8. Alternative address for correspondence (If you complete the details below, we will use this address to correspond with you)	
N/A	
Post town	Postcode
9. Alternative contact details (if applicable)	
Telephone numbers: Daytime	
Evening (optional)	
Mobile (optional)	
Fax number (optional)	
E-Mail address (if available)	

2. The premises	
Please 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) (Please read note 2)	
Town hall Castle circus Torquay Tq1 3dr	
Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)? If so, please enter the licence or certificate number below.	
Premises licence number	
Club premises certificate number	
If you intend to use only part of the premises at this address or intend to restrict the area to which this notice applies, please give a description and details below. (Please read note 3)	
Alcohol will only be allowed in the designated area, no alcohol will leave the premises. No Alcohol will be brought into the building on the night by members of the public SIA X 1 will be at the bar at all times	
Please describe the nature of the premises below. (Please read note 4)	
Town hall	
Please describe the nature of the event below. (Please read note 5)	
Memorial Charity Fundraiser & White collar boxing event	

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3. The licensable activities

Please state the licensable activities that you intend to carry on at the premises (please tick all licensable activities you intend to carry on). (Please read note 6)

The sale by retail of alcohol	<input checked="" type="checkbox"/>
The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club	<input type="checkbox"/>
The provision of regulated entertainment	<input type="checkbox"/>
The provision of late night refreshment	<input type="checkbox"/>
Are you giving a late temporary event notice? (Please read note 7)	<input type="checkbox"/>
Please state the dates on which you intend to use these premises for licensable activities. (Please read note 8)	

Saturday 14th march 2020

Please state the times during the event period that you propose to carry on licensable activities (please give times in 24 hour clock). (Please read note 9)

16.00 – 23.59

Please 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. (Please read note 10)		499
If the licensable activities will include the supply of alcohol, please state whether the supplies will be for consumption on or off the premises, or both (please tick as appropriate). (Please read note 11)	On the premises only	<input checked="" type="checkbox"/>
	Off the premises only	<input type="checkbox"/>
	Both	

Please state if the licensable activities will include the provision of relevant entertainment. If so, please state the times during the event period that you propose to provide relevant entertainment (please give times in 24 hour clock). (Please read note 12)

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4. Personal licence holders (Please read note 13)						
Do you currently hold a valid personal licence? (Please tick)		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
If "Yes" please provide the details of your personal licence below.						
Issuing licensing authority	TORBAY COUNCIL					
Licence number	[REDACTED]					
Date of issue	[REDACTED]					
Date of expiry	N/A					
Any further relevant details						

5. Previous temporary event notices you have given (Please read note 14 and tick the boxes that apply to you)						
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?		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
If answering yes, please 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?		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					

6. Associates and business colleagues (Please read note 15 and tick the boxes that apply to you)		
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 <input type="checkbox"/>	No X
If answering yes, please state the total number of temporary event notices (including the number of late temporary event notices, if any) your associate(s) have given for events in the same calendar year.		
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 b) begins 24 hours or less after the event period proposed in this notice?	Yes <input type="checkbox"/>	No X
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 <input type="checkbox"/>	No X
If answering yes, please state the total number of temporary event notices (including the number of late temporary event notices, if any) your business colleague(s) have given for events in the same calendar year.		
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?	Yes <input type="checkbox"/>	No X

7. Checklist (Please read note 15)	
I have: (Please tick the appropriate boxes)	
Sent at least one copy of this notice to the licensing authority for the area in which the premises are situated	<input checked="" type="checkbox"/> X
Sent a copy of this notice to the chief officer of police for the area in which the premises are situated	<input type="checkbox"/>
Sent a copy of this notice to the local authority exercising environmental health functions for the area in which the premises are situated	<input type="checkbox"/>
If the premises are situated in one or more licensing authority areas, sent at least one copy of this notice to each additional licensing authority	<input type="checkbox"/>
If the premises are situated in one or more police areas, sent a copy of this notice to each additional chief officer of police	<input type="checkbox"/>
If the premises are situated in one or more local authority areas, sent a copy of this notice to each additional local authority exercising environmental health functions	<input type="checkbox"/>
Made or enclosed payment of the fee for the application	<input checked="" type="checkbox"/> X
Signed the declaration in Section 9 below	<input checked="" type="checkbox"/> X

8. Condition (Please read note 17)
It is a condition of this temporary event notice that where the relevant licensable activities described in Section 3 above include the supply of alcohol that all such supplies are made by or under the authority of the premises user.

9. Declarations (Please read note 18)	
The information contained in this form is correct to the best of my knowledge and belief.	
I understand that it is an offence:	
(i) to knowingly or recklessly make a false statement in or in connection with this temporary event notice and that a person is liable on summary conviction for such an offence to a fine not exceeding level 5 on the standard scale; 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 not exceeding £20,000, or to imprisonment for a term not exceeding six months, or to both.	
Signature	G L PARKER
Date	16/02/20
Name of Person signing	GEMMA LOUISE PARKER

For completion by the licensing authority

10. Acknowledgement (Please read note 19)	
I acknowledge receipt of this temporary event notice.	
Signature	
	On behalf of the licensing authority
Date	
Name of Officer signing	