

\* required information

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You can save the form at any	time and resume it later. You do not need to be	e 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	Tom's Midnight Garden - Goffs Park	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 be	ehalf of the applicant? No	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		
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
Indicate here if you wou	uld 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
<ul> <li>Applying as an individu</li> </ul>	5	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 O No	Note: completing the Applicant Business section is optional in this form.
Registration number	12062813	
Business name	Dark Skies Theatre Ltd	☐ If your business is registered, use its ☐ registered name.
VAT number -		Put "none" if you are not registered for VAT. —
Legal status	Private Limited Company	

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Your position in the business	Company Producer	]
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
Building number or name	63/66 Hatton Garden	]
Street		]
District		]
City or town	London	]
County or administrative area		]
Postcode	EC1N 8LE	
Country	United Kingdom	]
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APPLICATION DETAILS (See a	also guidance on completing the form, gene	ral notes and note 1)
Have you had any previous or	maiden names?	
<ul><li>Yes</li></ul>	⊖ No	
Enter details of any previous na	ames or maiden names	
First name		
Family name		
* Your date of birth		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.

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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
⊖ 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 are		
Postcode		
Country		
Additional Contact Details		1
Are the contact details the sar	me as (or similar to) those given in section one?	If "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.
E-mail		
Telephone number		
Other telephone number		
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THE PREMISES		
activity at the premises descri Give the address of the premis	ive notice under section 100 of the Licensing Act bed below. ses where you intend to carry on the licensable a Inance Survey references). <u>(See also guidance or</u>	activities or if it has no address give a detailed
* Does the premises have an a	address?	
• Yes	⊖ No	

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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	Goffs Park	
* Street	Horsham Rd	
District		
* City or town	Crawley	
County or administrative area		
* Postcode	RH11 7JX	
* 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)?	
Neither      Premise	es licence 💦 Club premises certificate	
Location Details		
* Provide further details about	the location of the event	
Goffs Park is a public park in Ci	rawley, managed by Crawley Borough Council.	
5	f the premises at this address or intend to restri (see also guidance on completing the form, not	
The event will take place on th	e lawn at the upper end of Goffs Park by the Na	ational Probation Centre and Goffs Manor.
Describe the nature of the prer	nises below <u>(see also guidance on completing</u>	the form, note 4)
	-the term (cool also quidance on completing the	form noto E)
	nt below (see also guidance on completing the	
The event is a small-scale, COV production includes amplified	ID-secure open air ballet production, performe music through a PA system.	d twice over the course of the day. The

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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):				
The sale by retail of alcohol				
The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club				
The provision of regulated entertainment	(See also guidance on completing the form, note 7).			
The provision of late night refreshment				
The giving of a late temporary event notice	Late notices can be given no later than 5 working days but no earlier than 9 working days before the event. (See also guidance on completing the form, note 8).			
Event Dates				

There must be a period of at least 10 working days between the date you submit this form and the date of the earliest event when you will be using these premises for licensable activities.

State the dates on which you intend to use these premises for licensable activities

(see also guidance on completing the form, note 9)

Event start date	01 / 08 / 2021 dd mm yyyy	The maximum period for using premises for licensable activities under the authority of a temporary event notice is 168 hours or seven days.
Event end date	01 / 08 / 2021 dd mm yyyy	
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)	13:00-18:00	
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)	150	Note that the maximum number of people cannot exceed 499.

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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):
<ul> <li>On the premises only</li> <li>Official of the premises of the</li></ul>
<ul> <li>Off the premises only</li> </ul>
O 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
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PERSONAL LICENCE HOLDERS (See also guidance on completing the form, note 14)
Do you currently hold a valid personal licence? O No
Provide the details of your personal licence below.
Issuing licensing authority Lewes District Council
Licence number
Date of issue
Any further relevant details
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PREVIOUS TEMPORARY EVENT NOTICES (See also 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 • Yes • No calendar year as the event for which you are now giving this temporary event notice?

Continued from previous page					State the number of 8 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?	0	Yes	۲	No	
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ASSOCIATES AND BUSINESS	COLI	LEAGUES	<u>(See also gu</u>	dance	e 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?	0	Yes	۲	No	
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	۲	No	
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	۲	No	

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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?	⊙Yes ⊙No
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CONDITION (See also guidar	ice on completing the form, note 18)
	ary event notice that where the relevant licensable activities described in Sections 4 and 5 schol that all such supplies are made by or under the authority of the premises user.
This fee must be paid to the au	thority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed f	ee of £21
DECLARATION (See also guid	lance on completing the form, note 19)
liable on summary conviction (ii) to permit an unauthorised	make 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 ce to a fine of any amount, or to imprisonment for a term not exceeding six (6) months, or to
both.	
Ticking this box indicate	es you have read and understood the above declaration
This section should be complet behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	Company Producer
* Date	25     /     07     /     2021       dd     mm     yyyy
	Add another signatory
continue with your application	uter by clicking file/save as <u>uuk/apply-for-a-licence/temporary-event-notice/crawley/apply-1</u> to upload this file and

## OFFICE USE ONLY

Applicant reference number	Tom's Midnight Garden - Goffs Park	
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		
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