

Crawley Temporary Event Notice Licensing Act 2003

For help contact licensing@crawley.gov.uk

Telephone: 1293438000

* required information

		required informatio
Section 1 of 9		
You can save the form at any t	ime and resume it later. You do not need to be	ogged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	TB Crawley 15th,16th ,17th Dec	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	half of the applicant? Io	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	ld prefer not to be contacted by telephone	
Are you:		
Applying as a business of Applying as an individual	or organisation, including as a sole trader	A sole trader is a business owned by one 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.
Registration number	07127647	
Business name	Turtle Bay Hospitality	If your business is registered, use its registered name.
VAT number GB	992735474	Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	

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Your position in the business	Operations Support Manager	
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	Turtle Bay	
Street	8 Broad Quay	
District		
City or town	Bristol	
County or administrative area	South Gloucestershire	
Postcode	BS1 4DA	
Country	United Kingdom	
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APPLICATION DETAILS (See a	also guidance on completing the form, gener	ral notes and note 1)
Have you had any previous or I		
Yes	● No	
* Your date of birth	dd mm yyyy	Applicant must be 18 years of age or older
National Insurance number	J	This box need not be completed if you are an individual not liable to pay UK national insurance.
Place of birth		
Correspondence Address		
	imilar 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	Turtle Bay	
Street	8 Broad Quay	
District		
City or town	Bristol	
County or administrative area	South Gloucestershire	
Postcode	BS1 4DA	
Country	United Kingdom	

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Additional Contact Details		
Are the contact details the sam	e 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		
Section 3 of 9		
THE PREMISES		
activity at the premises describ Give the address of the premise	ve notice under section 100 of the Licensing Acted below. es where you intend to carry on the licensable anance Survey references). (See also guidance o	activities or if it has no address give a detailed
* Does the premises have an ac		
Yes	○ No	
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
○ Yes	No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name	Turtle Bay	
* Street	100 High Street	
District		
* City or town	Crawley	
County or administrative area		
* Postcode	RH10 1BZ	
* 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	es licence Club premises certificate	
* Premises licence number	14/01451/LAPRE	
Location Details		
* Provide further details about	the location of the event	
The event will be contained in	side the premises	

		or intend to restrict the area to which this notice applies, give a ing the form, note 3)	
Describe the nature of the pre	emises below <u>(see also guidance</u>	e on completing the form, note 4)	
A licensed restaurant with a k	oar		
Describe the nature of the even	ent below <u>(see also guidance on</u>	completing the form, note 5)	
SAI door staff will be in place		ening hours on Thursday, Friday and Saturday night. vill be advertised on our social media channels. on the door.	
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LICENSABLE ACTIVITIES			
(see also guidance on comple			
☐ member of the club			
$oxed{\boxtimes}$ The provision of regulat	ed entertainment	(See also guidance on completing the form, note 7).	
☐ The provision of late nig	ght refreshment		
☐ The giving of a late temporary event notice Late notices can be given no later working days but no earlier than 9 days before the event. (See also guidance on completing note 8).			
Event Dates			
•	east 10 working days between t premises for licensable activitie	he date you submit this form and the date of the earliest event s.	
State the dates on which you	intend to use these premises fo	r licensable activities	
(see also guidance on comple	eting the form, note 9)		
Event start date	15 / 12 / 2023 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	17 / 12 / 2023 dd mm yyyy		

Continued from previous page		
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)	01:00 - 03:00	
activities, including any staff, organisers or performers (see also guidance on completing the form, note 11)	250	Note that the maximum number of people cannot exceed 499.
supplies will be for consumptio (see also guidance on completi	Include the supply of alcohol, state whether the in on or off the premises, or both and the form, note 12):	
On the premises only		
 Off the premises only 		
○ Both		
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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
Recorded music will be played	in the background. 01:00 - 03:00	
Section 6 of 9		
PERSONAL LICENCE HOLDERS	(See also guidance on completing the form	<u>n, note 14)</u>
Do you currently hold a valid personal licence?	YesNo	
Provide the details of your pers	onal licence below.	
Issuing licensing authority		
Issuing licensing authority Licence number		
	dd mm yyyy	

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Section 7 of 9										
PREVIOUS TEMPORARY EVEN	T NC	OTICES (S	ee also gui	idaı	nce on completin	ing th	ne form, i	note 15)		
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?	0	Yes		•	No					
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		•	No					
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ASSOCIATES AND BUSINESS O	COLL	EAGUES	(See also o	guid	dance on comple	eting	the forn	n, note 1	<u>(6)</u>	
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		•	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?	0	Yes		•	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?	0	Yes		•	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?

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CONDITION (See also guidance on completing the form, note 18)

Yes

It is a condition of this temporary event notice that where the relevant licensable activities described in Sections 4 and 5 above include the supply of alcohol that all such supplies are made by or under the authority of the premises user.

No

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 fee of £21

DECLARATION (See also guidance on completing the form, note 19)

- (i) to knowingly or recklessly make a false statement in connection with this temporary event notice and that a person is liable on summary conviction for such an offence to a fine of any amount; 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 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

General Manager

* Capacity

* Date

19 / 09 / 2023

mm

Add another signatory

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Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...

dd

2. Go back to https://www.gov.uk/apply-for-a-licence/temporary-event-notice/crawley/apply-1 to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

OFFICE USE ONLY	
Applicant reference number	TB Crawley 15th,16th ,17th Dec
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 2 3 4	<u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> Next >