

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 l	oe 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	TB Crawley 22nd, 23rd & 24th 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 b	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		country code.				
Other telephone number						
☐ Indicate here if you wo	uld prefer not to be contacted by telephone					
Are you:						
Applying as a businessApplying as an individu	or organisation, including as a sole trader ual	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					

Continued from previous page						
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					
Section 2 of 9						
APPLICATION DETAILS (See a	also guidance on completing the form, gene	ral notes and note 1)				
Have you had any previous or I	maidan namas?					
Yes	No					
* Your date of birth		Applicant must be 18 years of age or older				
	dd mm yyyy					
National Insurance number		This box need not be completed if you are an individual not liable to pay UK national				
		insurance.				
Place of birth						
Correspondence 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	Turtle Bay					
Street	8 Broad Quay					
District						
City or town	Bristol					
County or administrative area	South Gloucestershire					
Postcode	BS1 4DA					
Country	United Kingdom					

Continued from previous page					
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 inside the premises					

Continued from previous page					
	of the premises at this address or inte (see also guidance on completing th	nd to restrict the area to which this notice applies, give a e form, note 3)			
Describe the nature of the pre	emises below <u>(see also guidance on co</u>	ompleting the form, note 4)			
A licensed restaurant with a b	oar				
Describe the nature of the even	ent below <u>(see also guidance on com</u> p	pleting the form, note 5)			
A normal evening of dinner and drinks with extended bar opening hours on Thursday, Friday and Saturday night. SAI door staff will be in place, the extended opening times will be advertised on our social media channels. Guest numbers will be controlled through entry/exit counts on the door.					
Section 4 of 9					
LICENSABLE ACTIVITIES					
State the licensable activities (see also guidance on comple The sale by retail of alco		mises			
_	y or on behalf of a club to, or to the ore	der of, a			
☐ The provision of late nig	ght refreshment				
☐ The giving of a late tem	porary 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	la cat 10 consultin on decor to atom on the cate				
	premises for licensable activities.	te you submit this form and the date of the earliest event			
State the dates on which you	intend to use these premises for licen	sable activities			
(see also guidance on comple	eting the form, note 9)				
Event start date	22 / 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	24 / 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		
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
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	

Continued from previous page									
Section 7 of 9									
PREVIOUS TEMPORARY EVEN	IT NO	OTICES ((See also gu	idar	nce on completin	ng the fo	rm, note 15	5)	
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?	•	Yes		0	No				
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	1								
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				
Section 8 of 9									
ASSOCIATES AND BUSINESS (COLI	EAGUES	(See also	guic	dance on comple	ting the	form, note	<u>16)</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				

Continued from previous page				
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	•	No	
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	
Section 9 of 9				
CONDITION (See also guidar	nce on completing the fo	orm,	<u>note 18)</u>	
•	3		ne relevant licensable activities described in Sections 4 and 5 e made by or under the authority of the premises user.	
PAYMENT DETAILS				
·		he a	pplication online, you must pay it by debit or credit card.	
This formality requires a fixed f				
DECLARATION (See also guic	<u> </u>			
 (i) to knowingly or recklessly is liable on summary conviction 			nection with this temporary event notice and that a person is 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	Kieron McRoberts			
* Capacity	General Manager			
* Date	19 / 09 / 2023 dd mm yyyy	3		
	Add another	· sign	atory	

Continued from previous page... Once you're finished you need to do the following: 1. Save this form to your computer by clicking file/save as... 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 22nd, 23rd & 24th Dec Fee paid Payment provider reference **ELMS Payment Reference** Payment status Payment authorisation code Payment authorisation date Date and time submitted Approval deadline

Next >

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>