MALDON DISTRICT COUNCIL

MDC
Temporary Event Notice
Licensing Act 2003

For help contact
contact@maldon.gov.uk
Telephone: 01621 854 477

* required information

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You can save the form at any time and resume it later. You do not need to be 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	wed/001	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 behalf of the applicant?

○ Yes ◉ 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	Sandra	
* Family name	Ross	
* E-mail	sanros9771@aol.com	
Main telephone number	01621 928110	Include country code.
Other telephone number	07814497481	

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

◉ Applying as a business or organisation, including as a sole trader

○ Applying as an individual

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	09307993	
Business name	Marina Bar & Restaurant	If your business is registered, use its registered name.
VAT number	GB 200224681	Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	

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Your position in the business	Director	
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		
Street	Marine Parade	
District	Maylandsea	
City or town	Chelmsford	
County or administrative area	Essex	
Postcode	CM3 6AP	
Country	United Kingdom	

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APPLICATION DETAILS **(See also guidance on completing the form, general notes and note 1)**

Have you had any previous or maiden names?

(●) Yes ( ) No

Enter details of any previous names or maiden names

First name	Sandra
Family name	Wright

Add another previous name

* Your date of birth	09 / 07 / 1971 (dd mm yyyy)	Applicant must be 18 years of age or older
National Insurance number	NX372008B	This box need not be completed if you are an individual not liable to pay UK national insurance.
Place of birth	Upney	

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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 required. Select "No" to enter a completely new set of details.

(•) Yes ( ) No

Building number or name	
Street	Marine Parade
District	Maylandsea
City or town	Chelmsford
County or administrative area	Essex
Postcode	CM3 6AP
Country	United Kingdom

Additional Contact Details

Are the contact details the same as (or similar to) those given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

(•) Yes ( ) No

E-mail	sanros9771@aol.com
Telephone number	01621 928110
Other telephone number	07814497481

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THE PREMISES

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

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). (See also guidance on completing the form, note 2)

* Does the premises have an address?

(•) Yes ( ) No

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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 required. Select "No" to enter a completely new set of details.

(●) Yes ( ) No

* Building number or name	The Green Area
* Street	Marine Parade
District	Maylandsea
* City or town	Chelmsford
County or administrative area	Essex
* Postcode	CM3 6AP
* Country	United Kingdom

* Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)?

( ) Neither (●) Premises licence ( ) Club premises certificate

* Premises licence number	05/00757LAPRE073

Location Details

* Provide further details about the location of the event

Green Area Located across from the bar

If you intend to use only part of the premises at this address or intend to restrict the area to which this notice applies, give a description and details below (see also guidance on completing the form, note 3)

Describe the nature of the premises below (see also guidance on completing the form, note 4)

Bar & Restaurant

Describe the nature of the event below (see also guidance on completing the form, note 5)

Celebration of a wedding

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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
- ☐ The provision of late night refreshment
- ☐ The giving of a late temporary event notice

(See also guidance on completing the form, note 7).

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: 29 / 05 / 2020 (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: 29 / 05 / 2020 (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): 23.00

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): 80

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):

- ○ On the premises only
- ○ Off the premises only
- ◉ Both

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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

2pm-11pm

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PERSONAL LICENCE HOLDERS **(See also guidance on completing the form, note 14)**

Do you currently hold a valid personal licence? ◉ Yes ○ No

Provide the details of your personal licence below.

Issuing licensing authority: Maldon District Council

Licence number: 17/00177/LAPER

Date of issue: 18 / 04 / 2017 (dd mm yyyy)

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 calendar year as the event for which you are now giving this temporary event notice? ○ Yes ◉ No

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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?	○ Yes	● No

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ASSOCIATES AND BUSINESS COLLEAGUES **(See also guidance 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?	○ 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?	○ 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?	○ 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

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

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.

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)**

* 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 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	Sandra Ross
* Capacity	Director
* Date	07 / 02 / 2020 (dd mm yyyy)

Add another signatory

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/maldon/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.

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OFFICE USE ONLY

Applicant reference number	wed/001
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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