

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 t	ime 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	DW/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 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	Sandra	7
* Family name	Ross	
* E-mail	sanros9771@aol.com	
Main telephone number	01621 928110	Include country code.
Other telephone number	07814497481	
☐ 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	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 yo 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			
Section 2 of 9				
APPLICATION DETAILS (See 2	also guidance on completing the form, gene	ral notes and note 1)		
Have you had any previous or	Have you had any previous or maiden names?			
Yes	○ No			
Enter details of any previous na	ames 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 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			
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			
Yes	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.	
E-mail	sanros9771@aol.com		
Telephone number	01621 928110		
Other telephone number	07814497481		
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THE PREMISES			
activity at the premises describ Give the address of the premis	ve notice under section 100 of the Licensing Acced below. es where you intend to carry on the licensable a nance Survey references). (See also guidance o	activities or if it has no address give a detailed	
* Does the premises have an a	ddress?		
Yes	○ No		

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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				
Yes	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.				
* Building number or name	The Green Area Across Bar					
* 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	es licence Club premises certificate					
* Premises licence number	Premises licence number 05/00757LAPRE073					
Location Details						
* Provide further details about	the location of the event					
Green Area Located across fro	m the bar					
l If you intend to use only part o description and details below	f the premises at this address or intend to restr (see also guidance on completing the form, no	ict the area to which this notice applies, give a te 3)				
Describe the nature of the pre	mises below (see also guidance on completing	the form, note 4)				
Bar & Restaurant						
Describe the nature of the eve	nt below (see also guidance on completing the	form, note 5)				
Celebration of a Birthdaty						

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LICENSABLE ACTIVITIES		
State the licensable activities the (see also quidance on complet	nat you intend to carry on at the premises ing the form, note 6):	
	ol	
The supply of alcohol by member of the club	or on behalf of a club to, or to the order of, a	
	d entertainment	(See also guidance on completing the form, note 7).
☐ The provision of late nigh	nt refreshment	
☐ The giving of a late temp	orary 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,
Event Dates		note 8).
There must be a period of at le	ast 10 working days between the date you subroremises for licensable activities.	mit this form and the date of the earliest event
State the dates on which you in	ntend to use these premises for licensable activ	ities
(see also guidance on complet	ing the form, note 9)	
Event start date	29 / 08 / 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 / 08 / 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)		
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)	110	Note that the maximum number of people cannot exceed 499.

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If the licensable activities will include supplies will be for consumption of the licensable activities will include supplies will be for consumption of the licensable activities will include supplies will be for consumption of the licensable activities will include supplies will be for consumption of the licensable activities will include supplies will be for consumption of the licensable activities will include supplies will be for consumption of the licensable activities will include supplies will be for consumption of the licensable activities will be activities and the licensable activities will be activities ac	·
 On the premises only 	
 Off the premises only 	
Both	
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RELEVANT ENTERTAINMENT (S	See also guidance on completing the form, note 13)
State if the licensable activities will period that you propose to provide	include the provision of relevant entertainment. If so, state the times during the event e relevant entertainment
2pm-11.30pm	
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PERSONAL LICENCE HOLDERS (S	See also guidance on completing the form, note 14)
Do you currently hold a valid personal licence?	Yes O No
Provide the details of your persona	ıl licence below.
Issuing licensing authority Ma	Idon District Council
Licence number 17/	'00177/LAPER
Date of issue	
Any further relevant details	mm yyyy
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PREVIOUS TEMPORARY EVENT N	OTICES (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

Continued from previous page					
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	COL	LEAGUES	(See also g	uic	lance 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	(•	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
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?	0	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

* Capacity

Director

* Date

O7 / O2 / 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.

OFFICE USE ONLY	
Applicant reference number	DW/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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