

South Derbyshire Temporary Event Notice Licensing Act 2003

For help contact

licensing@southderbyshire.gov.uk

Telephone: 01283 221000

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		* required informati
Section 1 of 9		
You can save the form at any	time and resume it later. You do not need to i	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	Cat & Matt Wedding	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	Neil	
* Family name	Нау	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ald prefer not to be contacted by telephone	
Are you:		
C Applying as an Individu	or organisation, including as a sole trader al	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?		Note: completing the Applicant Business section is optional in this form.
Registration number		7
Business name	The Colvile Arms	If your business is registered, use its registered name.
VAT number		Put "none" if you are not registered for VAT.
Legal status	Partnership	

Continued from previous page		
Your position in the business	Landlord	
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	The Colvile Arms	
Street	Main Street Lullington	
District	Swadlincote	
City or town	Derbyshire	
County or administrative area	Derbyshire	
Postcode	DE12 8EG	
Country	United Kingdom	
Section 2 of 9		
APPLICATION DETAILS (See	also guidance on completing the form, gene	ral notes and note 1)
Have you had any previous or	malden names?	
○ 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
Place of birth		insurance.
Flace of birth		
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
	○ No	required. Select "No" to enter a completely new set of details.
Building number or name	The Colvile Arms	
Street	Main Street Lullington	
District	Swadlincote	
City or town	Derbyshire]
County or administrative area	Derbyshire	Ĵ
County or administrative area	Derbyshire DE12 8EG	j

0 11 15		
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Additional Contact Details		
Are the contact details the sai	me 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
	○ No	required. Select "No" to enter a completely new set of details.
E-mail		
Telephone number	75T	
Other telephone number		
Section 3 of 9		
THE PREMISES		
activity at the premises descri		
Give the address of the premised description (including the Orci	ses where you intend to carry on the licensable a Inance Survey references). <u>(See also guidance o</u>	activities or If it has no address give a detailed on completing the form, note 2)
* Does the premises have an a		
	○ No	
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
	← No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name	The Colvile Arms	
* Street	Main Street Lullington	
District	Swadlincote	
* City or town	Derbyshire	
County or administrative area	Derbyshire	*2
* Postcode	DE12 8EG	
* Country	United Kingdom	
* Does a premises licence or cl to the premises (or any part of	ub premises certificate have effect in relation the premises)?	
○ Neither	es ilcence Club premises certificate	
* Premises licence number	LAPRE/0032	
Location Details		
* Provide further details about	the location of the event	
Marquee on the grounds of Th	ne Colvile Arms Public House	

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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 fo	orm, note 3)
**	
(+)	
Describe the nature of the premises below (see also guidance on comp	oleting the form, note 4)
Public House	
Describe the nature of the event below (see also guidance on complet	ing the form, note 5)
Wedding	
Trodding	
Section 4 of 9	
LICENSABLE ACTIVITIES	
State the licensable activities that you intend to carry on at the premis	es
(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 member of the club	r of, a
57. The consistent of requilated entertainment	(See also guidance on completing the form,
☐ The provision of regulated entertainment	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
The giving of a late temporary event notice	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 when you will be using these premises for licensable activities.	you submit this form and the date of the earliest event
State the dates on which you intend to use these premises for licensal	ble activities
(see also guidance on completing the form, note 9)	
Event start date 04 / 09 / 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	
dd mm yyyy	

Continued from previous page		
State the times during the event period that you propose	۵	
to carry on licensable activitie	\$ 10.00	7
(give times in 24 hour clock) (see also quidance on	13.00 - 23.30	
completing the form, note 10		
State the maximum number		
of people at any one time that you intend to allow to be	t	
present at the premises		
during the times when you	100	Note that the maximum number of people
intend to carry on licensable activities, including any staff,	100	cannot exceed 499.
organisers or performers		
(see also guidance on completing the form, note 11)		
-	nclude the supply of alcohol, state whether the	
supplies will be for consumpti	on on or off the premises, or both	
(see also guidance on complet	ting the form, note 12):	
 On the premises only 		
○ Off the premises only		
C Both		
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RELEVANT ENTERTAINMENT	(See also guidance on completing the form	1, note 13)
State if the Ilcensable activities	will include the provision of relevant entertainn	ment. If so, state the times during the event
period that you propose to pro	ovide relevant entertainment	
Disco 19.30 - 23.30		
Section 6 of 9		
PERSONAL LICENCE HOLDERS	S (See also guidance on completing the form	n, note 14)
Do you currently hold a valid		
personal licence?		
Provide the details of your pers	onal licence below.	
Issuing licensing authority	-	
Licence number	43 64	
Date of Issue		
	dd mm yyyy	
Any further relevant details	,,,,	
Televier releviant wording		

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Section 7 of 9					
PREVIOUS TEMPORARY EVEN	IT N	OTICES	(See also guida	nce on completir	ng 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?	C	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?	C	Yes	©	No	
Section 8 of 9					
ASSOCIATES AND BUSINESS	COL	LEAGU	ES <u>(See also gui</u>	dance on comple	eting 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?	C	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 temporary event notice for ar event in the same calendar year as the event for which you are now giving a temporary event notice?		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	← Yes ← No
period:	(165 (NO
a) Ends 24 hours or less before; or	
b) Begins 24 hours or less	
after the event period	
proposed in this notice	?
Section 9 of 9	
CONDITION (See also guida	ance on completing the form, note 18)
it is a condition of this tempo above include the supply of a PAYMENT DETAILS	rary event notice that where the relevant licensable activities described in Sections 4 and 5 alcohol that all such supplies are made by or under the authority of the premises user.
PATMENT DETAILS	
	nuthority. 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 gu	idance on completing the form, note 19)
* The information contained i	n this form is correct to the best of my knowledge and belief
☐ Ticking this box indica	ites you have read and understood the above declaration
This section should be complete behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Neil Hay
* Capacity	Landiord
* Date	12 / 08 / 2021 dd mm yyyy
	Add another signatory
Once you're finished you need	to do the following:

- 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/south-derbyshire/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	Cat & Matt Wedding
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 6 7 8 9 Next></u>