



**South Derbyshire
Temporary Event Notice
Licensing Act 2003**

For help contact
licensing@southderbyshire.gov.uk
Telephone: 01283 221000

* 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

LW001096

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

Barrie

* Family name

Stevenson

* E-mail

Gareth.Cotton@stonegategroup.co.uk

Main telephone number

07716826294

Include country code.

Other telephone number

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.

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Your Address

Address official correspondence should be sent to.

* Building number or name	Foresters Arms
* Street	67 High Street
District	
* City or town	Swadlincote
County or administrative area	Derbyshire
* Postcode	DE11 8JA
* 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

* Your date of birth

05	/	03	/	1968
dd		mm		yyyy

Applicant must be 18 years of age or older

National Insurance number

NP677965A

This box need not be completed if you are an individual not liable to pay UK national insurance.

Place of birth

Wallasey

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	The Craft Union Pub Company Ltd
Street	3 Monkspath Hall Road
District	
City or town	Solihull
County or administrative area	
Postcode	B90 4SJ
Country	United Kingdom

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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

lucy.whitehouse@stonegategroup.co.uk

Telephone number

0774 1375216

Other telephone number

0121 817 7020

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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

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

Foresters Arms

* Street

67 High Street

District

* City or town

Swadlincote

County or administrative area

Derbyshire

* Postcode

DE11 8JA

* 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

LAPRE/0051

Location Details

* Provide further details about the location of the event

Within the usual demise of the premises.

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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 form, note 3)

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

Public House

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

Extension of trading hours for St Patricks weekend.

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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 / /
 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

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State the times during the event period that you propose to carry on licensable activities (give times in 24 hour clock)

00:00 hrs to 01:00 hrs on both mornings.

(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

220

Note that the maximum number of people cannot exceed 499.

(see also guidance on completing the form, note 11)

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

n/a

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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

North West Leicestershire Council

Licence number

NWL11479

Date of issue

/ /

dd mm yyyy

Any further relevant details

Continued from previous page...

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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

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

Continued from previous page...

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:

Yes No

- 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)

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

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

Lucy Whitehouse on behalf of Barrie Stevenson

* Capacity

Licensing Coordinator on behalf of the applicant

* Date

01 / 02 / 2023
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/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	<input type="text" value="LW001096"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

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