



Isle of Wight Council

Temporary Event Notice

Regulatory Services
Isle of Wight Council
Jubilee Stores
The Quay
Newport
Isle of Wight
PO30 2EH

Information on the Licensing Act 2003 is available on the website of the Home Office or from your local licensing authority .

Before completing this notice please read the guidance notes. If you are completing this notice by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

Unless submitting online, you must send two copies of this notice to the licensing authority and an additional copy must be sent to the chief officer of police for the area in which the premises are situated. The licensing authority will endorse one of the two copies and return it to you as an acknowledgement of receipt (if you are submitting online we will return a copy to you by post, however you must still send a copy to the Chief Officer of Police).

DO NOT SUBMIT THIS FORM IF THERE ARE LESS THAN 5 WORKING DAYS* BETWEEN NOW AND THE PROPOSED EVENT. IF YOU DO SUBMIT THE FORM WITH LESS THAN 5 WORKING DAYS REMAINING, THE FEE WILL NOT BE REFUNDED.

Working days means clear working days, not including the date of submission of this form or the date of the event. If the form is submitted after 5pm on a business day, Saturday, Sunday or Bank Holiday the TEN will be deemed to have been served on the next business day.

Temporary Events Notice Fee £21.00

The giving of false information may result in permission being refused, and the local authority reserve the right to make such further enquiries arising out of this application as they may consider desirable.

The fee is not refundable should the application be withdrawn or refused.

Please tick this box to confirm you have read and accept the terms and conditions

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

The personal details of premises user (Please read note 1)

Your name

Title	MR
Forename	MICHAEL
Surname	JUKES

Previous names

(Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)

Title	
Forename	

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Middle name/Initials	
Surname	
Your date of birth	(dd/mm/yyyy) [REDACTED]
Your place of birth	[REDACTED]
National Insurance Number	[REDACTED]

Your current address

(We will use this address to correspond with you unless you complete the separate correspondence box below)

Building/house name/number	[REDACTED]
Street address	[REDACTED]
Town name	[REDACTED]
County	[REDACTED]
Postcode	[REDACTED]

Other contact details

Please provide a contact telephone number	Daytime	01983 [REDACTED]
	Evening	01983 [REDACTED]
	Mobile	
Email address for correspondence	[REDACTED]	
Fax		

Alternative address for correspondence (If you complete the details below, we will use this address to correspond with you)

Do you wish correspondence to be sent to another address	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Building/house name/number	
* Street address	
* Town name	
* County	
* Postcode	

Alternative contact details (if applicable)

Telephone numbers	Daytime	
	Evening	
	Mobile	
Email address		
Fax		

The premises

Please 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) (Please read note 2)

*	Building/house name/number (enter NA if not applicable)	EASTERN GARDENS
*	Street address (enter NA if not applicable)	ESPLANADE
*	Town name (enter NA if not applicable)	RYDE
*	County (enter NA if not applicable)	ISLE OF WIGHT
*	Postcode (enter NA if not applicable)	PO33 1JA
*	If no address please give ordnance survey references (enter NA if not applicable)	
*	Description	COUNCIL OWNED GARDENS
	If you intend to use only part of the premises at this address or intend to restrict the area to which this notice applies, please give a description and details here. (Please read note 3)	
	Please describe the nature of the premises. (Please read note 4)	AN OPEN GRASSED AREA
	Please describe the nature of the event. (Please read note 5)	AN ENTERTAINMENT WEEKEND

The licensable activities

*	Please state the licensable activities that you intend to carry on at the premises (please tick the licensable activities you intend to carry on). (Please read note 6)	<input checked="" type="checkbox"/> The sale by retail of alcohol <input type="checkbox"/> The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club <input checked="" type="checkbox"/> The provision of regulated entertainment <input type="checkbox"/> The provision of late night refreshment
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	Start	End
Dates. Please state the dates on which you intend to use these premises for licensable activities. (Please read note 8)	27/08/2015 (dd/mm/yyyy) Please allow a minimum of 5 clear working days before the event starts	30/08/2015 (dd/mm/yyyy) The end date must be within 7 days of the start
Times. Please state the times during the event period that you propose to carry on licensable activities (please give times in 24 hour clock). (Please read note 9)	12-00 (hh:mm)	20-00 (hh:mm)
Please 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. (Please read note 10)	300	
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<p>* If the licensable activities will include the supply of alcohol, please state whether the supplies will be for consumption on or off the premises, or both (please tick the appropriate box). (Please read note 11)</p>	<input checked="" type="checkbox"/> On the premises only
	<input type="checkbox"/> Off the premises only
	<input type="checkbox"/> Both

Personal licence holders (Please read note 12)

Please Note: If you failed to complete this section correctly, the application WILL be rejected

<p>Do you currently hold a valid personal licence? (Please tick the box that applies to you)</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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If 'Yes' please provide the details of your personal licence below.

Issuing licensing authority	
Licence number	
Date of issue	(dd/mm/yyyy)
Date of expiry	(dd/mm/yyyy)
Any further relevant details	

Previous temporary event notices you have given (Please read note 13)

<p>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?</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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<p>If answering yes, please state the number of temporary event notices you have given for events in that same calendar year</p>	(if yes to above)
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<p>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?</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No there must be at least 24 hours between each event
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Associates and business colleagues (Please read note 14)

<p>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?</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No there must be at least 24 hours between each event
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<p>If answering yes, please state the total number of temporary event</p>	(if yes to above)
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<p>notices your associate(s) have given for events in the same calendar year</p>	
<p>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?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No there must be at least 24 hours between each event </p>
<p>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?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>If answering yes, please state the total number of temporary event notices your business colleague(s) have given for events in the same calendar year.</p>	
<p>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?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No there must be at least 24 hours between each event </p>

Checklist (Please read note 15)

<p>I shall (Please tick the appropriate boxes)</p>	<p>*</p>	<p><input checked="" type="checkbox"/> Send one copy of this notice to the licensing authority for the area in which the premises are located (unless submitting online)</p>
	<p>*</p>	<p><input checked="" type="checkbox"/> Send a copy of this notice to the chief officer of police for the area in which the premises are located</p>
		<p><input type="checkbox"/> If the premises are situated in one or more licensing authority areas, send two copies of this notice to each additional licensing authority</p>
		<p><input type="checkbox"/> If the premises are situated in one or more police areas, send a copy of this notice to each additional chief officer of police</p>
	<p>*</p>	<p><input checked="" type="checkbox"/> Make or enclose payment of the fee for the application</p>
	<p>*</p>	<p><input checked="" type="checkbox"/> Sign the declaration in Section 9 below</p>

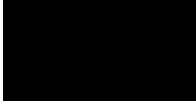
THIS FORM MUST BE SIGNED AND ALL THE RELEVANT DOCUMENTS, DETAILED ON THE FORM, PRESENTED TO THE LICENSING SECTION BEFORE A DECISION IS MADE AND THE LICENSE MAY BE GRANTED. EITHER PRINT OFF THE COMPLETED FORM, SIGN AND POST TO THE LICENSING

DEPARTMENT ALONG WITH THE REQUIRED DOCUMENTS OR ATTEND COUNCIL OFFICES AFTER YOU HAVE SUBMITTED THE FORM ONLINE.

The application fee is not refundable in the event of the application being refused or otherwise.

I MICHAEL JUKES (Insert full name) declare that I have checked the information given on this application form and to the best of my knowledge and belief it is correct.

I understand that a false or misleading statement, or that withholding relevant information, may result in the refusal or revocation of the licence and/or may render me liable to prosecution.

Signature	Signed 
	Name..... <u>MICHAEL JUKES</u>
	Date..... <u>20/1/15</u>
	Capacity..... <u>PROMISES USER</u>

Condition (Please read note 16)

It is a condition of this temporary event notice that where the relevant licensable activities described in Section 3 above include the supply of alcohol that all such supplies are made by or under the authority of the premises user.

Declarations (Please read note 17)

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 conviction for such an offence to a fine up to level 5 on the standard scale; and
- (ii) to permit an unauthorised licensable activity to be carried on at any place and that a person is liable on conviction for any such offence to a fine not exceeding £20,000, or to imprisonment for a term not exceeding six months, or to both.

The information contained in this form is correct to the best of my knowledge and belief. I have read the guidance notes and agree to the terms and conditions of this application.

For completion by the Licensing Authority

Acknowledgement (Please read note 18)	Signed
	(On behalf of the Licensing Authority)
	Name of Officer signing
	Date.....

Data Protection Act 1998

This application may be monitored by the Isle of Wight Council for regulatory, quality control or crime detection purposes. Information from this application will be processed in accordance with the Data Protection Act 1998 for the purpose of processing your particular enquiry/request. The Isle of Wight Council ("the Council") is the data controller. By completing this form you consent to the Council contacting you by email or

nominated contact method in relation to your enquiry/request.

The information contained in this application may, in exceptional circumstances, be subject to disclosure to third parties under either the Data Protection Act 1998 or the Freedom of Information Act 2000 to the extent the law allows and in accordance with the Isle of Wight Council's Access to Information Policy. Disclosure will only be made where in all the circumstances it would be fair to do so and in the public interest.

Please note that the Council may process your information in the absence of consent for the purpose of crime prevention or detection so far as is in accordance with the law.

Sometimes we may use your information to keep you informed about services, goods or relevant issues that we believe may be of interest to you. If you wish to receive this information for these purposes please tick this box

To improve the quality of other services that we provide to you the Council wishes to hold your non-sensitive personal information on a secure central database. This will enable all Council services to use this information when they are providing a service to/for you. If you wish your non-sensitive personal information to be held by the Council please tick this box

Product	Cost	VAT code	GL Code
Temporary Events Notice Fee	£21.00	AN	67605732502

Date printed: 15/01/2015