

Isle of Wight Council



Temporary Event Notice


Product Name	Temporary Events Notice Fee
Product Description	This is the fee for a temporary events notice under the new Licensing Act 2003.
Product Price (GBP)	£21.00
Please confirm you have read and accept the above terms and conditions	<input type="checkbox"/> Yes - I have read and agree with the terms and conditions
Your name and details	
Title	<input type="text" value="Mr"/>
Forename	Ryan
Middle Name	
Surname	Burr
Have you used any previous names	<input type="text" value="No"/>
Your Date of Birth (over 18s only)	
Your place of birth	
National Insurance Number	
Your Contact details	
Daytime telephone number	
Evening telephone number	
Mobile telephone number	
Email address	
Fax	
Do you wish to add alternative contact details	<input type="text" value="No"/>
Your address	
House Name/Number	
Street address	
Town Name	
County	
Postcode	
Do you wish correspondence to be sent to another address	<input type="text" value="No"/>

The Premises	
Does the premises have an address	<input checked="" type="checkbox"/> Yes
House Name/Number	30
Street address	union street
Town Name	Ryde
County	isle of wight
Postcode	po33 2DT
Description	
Otto is a fine dining establishment that has a restricted entry policy through a paid membership.	
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)	
Whole Premises	
Please describe the nature of the premises. (Please read note 4)	
Otto is a fine dining establishment that has a restricted entry policy through a paid membership.	
Please describe the nature of the event. (Please read note 5)	
Christmas dining event	
The Licensable Activities	
Please state the licensable activities that you intend to carry on at the premises	<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 checked="" type="checkbox"/> The provision of late night refreshment
Start Date (Please allow a minimum of 5 clear working days before the event starts)	15 Dec 2018
End Date (The end date must be within 7 days of the start date)	16 Dec 2018
Start Time (24 hour clock hh:mm i.e. 09:00)	12:00
End Time (24 hour clock i.e. hh:mm)	23:59
Maximum number of people (up to 499)	60
Please state whether the alcohol supplies will be for consumption on or off the premises	<input checked="" type="checkbox"/> On the premises only
Personal licence holders	
Please Note: If you failed to complete this section correctly, the application WILL be rejected	
Do you currently hold a valid personal licence	<input checked="" type="checkbox"/> No

Previous temporary event notices	
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?	<input type="checkbox"/> Yes
Please state the number of temporary event notices you have given for events in that same calendar year	4
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	<input type="checkbox"/> No
Associates and business colleagues (Please read note 14)	
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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> No
Checklist (Please read note 15)	
Please confirm you will	<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
Please confirm you will	<input checked="" 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
Please confirm you will	<input checked="" 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
Declaration	
I confirm that I have read and agree to the above declaration	<input type="checkbox"/> Yes
Data Protection Act 1998	
Data Protection Act 1998	
Receive Emails	<input type="checkbox"/> If you wish to receive this information for these purposes please tick this box

Your Information	<input type="checkbox"/> If you wish your non-sensitive personal information to be held by the Council please tick this box
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Submitting your form

Reference Number	rw18/11/31092
Date Of Submission	30 Nov 2018
Payment Reference Number	CNMW9HVTZGYB
Link to payment receipt	 Payment Receipt

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Isle of Wight Council



Temporary Event Notice


Product Name	Temporary Events Notice Fee
Product Description	This is the fee for a temporary events notice under the new Licensing Act 2003.
Product Price (GBP)	£21.00
Please confirm you have read and accept the above terms and conditions	Yes - I have read and agree with the terms and conditions
Your name and details	
Title	Mr
Forename	Ryan
Middle Name	
Surname	Burr
Have you used any previous names	No
Your Date of Birth (over 18s only)	
Your place of birth	
National Insurance Number	
Your Contact details	
Daytime telephone number	
Evening telephone number	
Mobile telephone number	
Email address	
Fax	
Do you wish to add alternative contact details	No
Your address	
House Name/Number	
Street address	
Town Name	
County	
Postcode	
Do you wish correspondence to be sent to another address	No

30 Union Street
Ryde
Isle of Wight
PO33 2DT

The Premises	
Does the premises have an address <input checked="" type="checkbox"/> No	
Please provide a detailed description (including the Ordnance Survey references)	
Description	
Otto is a fine dining establishment that has a restricted entry policy through a paid membership.	
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)	
Whole premises	
Please describe the nature of the premises. (Please read note 4)	
Private members club	
Please describe the nature of the event. (Please read note 5)	
Christmas Dining Event	
The Licensable Activities	
Please state the licensable activities that you intend to carry on at the premises	<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
Start Date (Please allow a minimum of 5 clear working days before the event starts)	18 Dec 2018
End Date (The end date must be within 7 days of the start date)	23 Dec 2018
Start Time (24 hour clock hh:mm i.e. 09:00)	12:00
End Time (24 hour clock i.e. hh:mm)	23:59
Maximum number of people (up to 499)	60
Please state whether the alcohol supplies will be for consumption on or off the premises	On the premises only
Personal licence holders	
Please Note: If you failed to complete this section correctly, the application WILL be rejected	
Do you currently hold a valid personal licence	No
Previous temporary event notices	
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

<p>Please state the number of temporary event notices you have given for events in that same calendar year</p> <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>	<p>5</p> <p>No</p>
<p>Associates and business colleagues (Please read note 14)</p>	
<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>	<p>No</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>No</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>No</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>No</p>
<p>Checklist (Please read note 15)</p>	
<p>Please confirm you will</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>Please confirm you will</p>	<p><input checked="" 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>Please confirm you will</p>	<p><input checked="" 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>Declaration</p>	
<p>I confirm that I have read and agree to the above declaration</p>	<p>Yes</p>
<p>Data Protection Act 1998</p>	
<p>Data Protection Act 1998</p>	
<p>Receive Emails</p>	<p><input type="checkbox"/> If you wish to receive this information for these purposes please tick this box</p>
<p>Your Information</p>	<p><input type="checkbox"/> If you wish your non-sensitive personal information to be held by the Council please tick this box</p>

Submitting your form

Reference Number	iw18/11/31142
Date Of Submission	30 Nov 2018
Payment Reference Number	CNM3CJFV9ZHT
Link to payment receipt	 Payment Receipt

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