

RECEIVED WITH THANKS
V. Seegoolam
V. SEEGOOLAM
04/08/16



Temporary Event Notice

Before completing this notice please read the guidance notes at the end of the notice. 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.

You should keep a copy of the completed notice for your records. You must send at least one copy of this notice to the licensing authority and additional copies must be sent to the chief officer of police and the local authority exercising environmental health functions for the area in which the premises are situated. The licensing authority will give to you written acknowledgement of the receipt of the notice.

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.

| | | | |
|---|--|------------|-------|
| 1. Your name | | | |
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Other (please state) | | |
| Surname | JOHNSON | | |
| Forenames | PAULA | | |
| 2. Previous names (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary) | | | |
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state) | | |
| Surname | | | |
| Forenames | | | |
| 3. Your date of birth | | Day | Month |
| 4. Your place of birth | | | |
| 5. National Insurance Number | | | |
| 6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below) | | | |
| [Redacted] | | | |
| Post town | | Post code | |
| [Redacted] | | [Redacted] | |
| 7. Other contact details | | | |
| Telephone numbers | [Redacted] | | |
| Daytime | [Redacted] | | |
| Evening (optional) | [Redacted] | | |
| Mobile (optional) | [Redacted] | | |
| Fax number (optional) | [Redacted] | | |

| | | |
|--|--|------------|
| E-Mail Address (If available) | | [REDACTED] |
| 8. Alternative address for correspondence (If you complete the details below, we will use this address to correspond with you) | | |
| | | |
| Post town | | Post code |
| 9. Alternative contact details (if applicable) | | |
| Telephone numbers: | | |
| Daytime | | |
| Evening (optional) | | |
| Mobile (optional) | | |
| Fax number (optional) | | |
| E-Mail Address (If available) | | |

| | |
|--|--|
| 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) | |
| 212 High STREET HARLESDEN NW10 4SY | |
| Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)? If so, please enter the licence or certificate number below. | |
| Premises licence number | |
| Club premises certificate number | |
| 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 below. (Please read note 3) | |
| | |
| Please describe the nature of the premises below. (Please read note 4) | |
| A RESTAURANT & AND BAR | |
| Please describe the nature of the event below. (Please read note 5) | |
| Late night Refreshment Sale of Alcohol Regulated Entertainment | |

| Licensable Activities | |
|--|-------------------------------------|
| Please state the licensable activities that you intend to carry on at the premises (please mark an "X" next to the licensable activities you intend to carry on). (Please read note 6) | |
| The sale by retail of alcohol | <input checked="" 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 | <input checked="" type="checkbox"/> |
| Are you giving a late temporary event notice? (Please read note 7) | <input type="checkbox"/> |
| Please state the dates on which you intend to use these premises for licensable activities. (Please read note 8) | |
| 24.8.16 To 30.8.16 | |

PLEASE NOTE THAT ANY EVENT BEGINNING BEFORE MIDNIGHT AND CONTINUING INTO THE NEXT DAY WOULD COUNT AS TWO DAYS TOWARDS THE 21 DAY LIMITATION.

| | |
|---|--|
| 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) | |
| 11Am to 2Am 30/08/16 : 11AM - MIDNIGHT | |
| 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) | 50 |
| 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 mark an "X" next to the appropriate box). (Please read note 11) | On the premises only <input type="checkbox"/> |
| | Off the premises only <input type="checkbox"/> |
| | Both <input checked="" type="checkbox"/> |

| Personal Licence (Please read note 12) | |
|--|---|
| Do you currently hold a valid personal licence? (Please mark an "X" in the box that applies to you) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If "Yes" please provide the details of your personal licence below. | |
| Issuing licensing authority | |
| Licence number | |
| Date of issue | |
| Date of expiry | |
| Any further relevant details | |

| 6. 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? (Please mark an "X" in the box that applies to you) | | |
|---|---------------------------------|---|
| 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? (Please mark an "X" in the box that applies to you) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If answering yes, please state the number of temporary event notices you have given for events in that same calendar year | | |
| 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? (Please mark an "X" in the box that applies to you) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

| | | |
|---|---------------------------------|---|
| 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? (Please mark an "X" in the box that applies to you) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If answering yes, please state the total number of temporary event notices your associate(s) have given for events in the same calendar year | | |
| 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? (Please mark an "X" in the box that applies to you) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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? (Please mark an "X" in the box that applies to you) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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. | | |
| 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? (Please mark an "X" in the box that applies to you) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| Send at least one copy of this notice to the licensing authority for the area in which the premises are situated | <input checked="" type="checkbox"/> |
| Send a copy of this notice to the chief officer of police for the area in which the premises are situated | <input checked="" type="checkbox"/> |
| Send a copy of this notice to the local authority exercising environmental health functions for the area in which the premises are situated | <input checked="" type="checkbox"/> |

| | |
|--|-------------------------------------|
| If the premises are situated in one or more licensing authority areas, send at least one copy of this notice to each additional licensing authority | <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 | <input type="checkbox"/> |
| If the premises are situated in one or more local authority areas, send a copy of this notice to each additional local authority exercising environmental health functions | <input type="checkbox"/> |
| Make or enclose payment of the fee for the application | <input checked="" type="checkbox"/> |
| Sign the declaration in Section 9 below | <input checked="" type="checkbox"/> |

8. Condition (Please read rule 6)

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.



9. Declaration (Please read rule 7)

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 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.

| | |
|------------------------|---|
| Signature |  |
| Date | 3.8.16 |
| Name of Person signing |  |

For completion by the licensing authority

10. Acknowledgment (Please read rule 18)

I acknowledge receipt of this temporary event notice.

| | |
|-------------------------|--|
| Signature | On behalf of the licensing authority |
| Date | |
| Name of Officer signing | |

