



# Brent

## 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.

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

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)	
The Shop, 75 Chamberlayne Road,	
Post town London	Post code NW10 3ND
9. Alternative contact details (if applicable)	
Telephone numbers: Daytime	02089699399
Evening (optional)	
Mobile (optional)	[REDACTED]
Fax number (optional)	
E-Mail Address (if available)	[REDACTED]

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)	
The Shop, 75 Chamberlayne Road, London NW10 3ND	
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	244652
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)	
The Shop is a Cocktail Bar and Mexican Food Restaurant.	
Please describe the nature of the event below. (Please read note 5)	
The Shop would like to host a Carnival After Party from the hours of 18:00 on Sunday 24 <sup>th</sup> August 2014 until 02:00 on Monday the 25 <sup>th</sup> August 2014. We intend to have DJ's performing between the hours of 18:00 on the 24/08/2014 until 02:00 on the 25/08/14.	

The event will finish at 02:00 on the 25<sup>th</sup>. We will require 25 minutes drinking up time required to ensure guests don't all leave at the same time creating a nuisance.

The names of the DJ's performing on the Sunday night are as follows;

[REDACTED]  
DJ Name: Dee Scott,

D.O.B: [REDACTED]

Address: [REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
DJ Name: Irvine Sibanda,

D.O.B: To follow,

Address: [REDACTED]  
[REDACTED],  
[REDACTED]  
[REDACTED]

[REDACTED]  
DJ Name: Charles Barley,

D.O.B: To Follow,

Address: [REDACTED]  
[REDACTED]  
[REDACTED]

We will have 2 Security Guards on the Premises between the hours of 18:00 and 02:00. One male one female. They will both have counters to ensure that the venue will not be over capacity and will both be present until all guests at the event have been dispersed.

Name of Main Security Guard: Joseph Young,

D.O.B: [REDACTED]

Badge Number: [REDACTED]

Female Security Guard: Tammy Richards,

D.O.B: [REDACTED]

Badge Number: [REDACTED]

We will require 25 minutes drinking up time required to ensure guests don't all leave at the same time creating a nuisance.

On both the 24/08/2014 and 25/08/2014 we will ensure that we comply with all our licensing conditions.

The 2 windows in the premises that open (behind the bar and towards the back of the building) will be closed and locked and covered with soundproof foam and taped to ensure that music isn't audible from the outside the premises. I will personally make regular checks from our back garden to ensure that we aren't creating noise pollution.

We have had air conditioning installed on the premises to ensure that there is no need for

doors or windows to be opened. Security and management will ensure that the front door is not left open and will only be opened to allow guests to enter and leave the premises. The management team will make regular checks from outside the front of the venue to ensure that music is not audible.

We will hire a mixer for the event to ensure that amplitude and of Music can be attenuated and that bass can be removed if necessary.

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 type="checkbox"/>
The provision of regulated entertainment	<input checked="" type="checkbox"/>
The provision of late night refreshment	<input 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)	
24/08/2014 and 25/08/2014.	

**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)		
18:00 on Sunday 24 <sup>th</sup> August 2014 till 02:00 on Monday the 25 <sup>th</sup> August 2014.		
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)		
80 including 14 outside		
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"/>

Do you currently hold a valid personal licence? (Please mark an "X" in the box that applies to you)	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes" please provide the details of your personal licence below.		

Issuing licensing authority	Brent
Licence number	221923156
Date of issue	29/11/13
Date of expiry	29/11/23
Any further relevant details	

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If answering 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? (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	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 type="checkbox"/>

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.

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	08/08/14
Name of Person signing	Rene Lawrence

For completion by the licensing authority

I acknowledge receipt of this temporary event notice.

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

**Please return two copies of the completed form with your payment to:-**

Safer Streets (Licensing)  
 Brent Council  
 Brent Civic Centre  
 Engineers Way  
 Wembley  
 HA9 0FJ

☎ 020 8937 5359

Email: [environmentandprotection@brent.gov.uk](mailto:environmentandprotection@brent.gov.uk)

Cheques should be crossed and made payable to London Borough of Brent.

**Please send one copy of the completed form to:**

Chief Officer of Police

Brent Council

Brent Civic Centre  
 Engineers Way  
 Wembley  
 HA9 0FJ

Safer Streets/Licensing and Pollution  
 Brent Council  
 Fifth Floor  
 Brent Civic Centre  
 Engineers Way  
 Wembley  
 HA9 0FJ

Tel: 020 8733 3206

Tel: 020 8937 5252

**Data Protection:** *The London Borough of Brent will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.*

*This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes. For further information, see Brent Council's privacy statement <http://www.brent.gov.uk/privacy>.*

Information on the Licensing Act 2003 is available on the website of the Department for Culture, Media and Sport ([http://www.culture.gov.uk/alcohol\\_and\\_entertainment/default.htm](http://www.culture.gov.uk/alcohol_and_entertainment/default.htm)) or from your local licensing authority.

**Official Use Only.**    *Fee*     *Application*