



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 in block ink or typed. 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 checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)
Surname	SIMMONS
Forenames	BRAIN
2. Previous names (Please enter details of any previous names or maiden names, if applicable. Please complete 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 <input type="text"/> Month <input type="text"/> Year <input type="text"/>
4. Your place of birth	ENGLAND
5. National Insurance Number	<input type="text"/>
6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)	
31 GEORGE LANSBURY MAVIS CURLION COURT WILLESDEN	
Post town	LONDON
Postcode	N1W 10 9LX
7. Other contact details	
Telephone numbers	<input type="text"/> <input type="text"/>
Daytime	
Evening (optional)	
Mobile (optional)	
Fax number (optional)	
E-Mail address (if available)	<input type="text"/>
8. Alternative address for correspondence (If you complete the details below, we will use this address to correspond with you)	
Post town	
Postcode	

9. Alternative contact details (if applicable)	
Telephone numbers: Daytime	0208 965 8133
Evening (optional)	
Mobile (optional)	
Fax number (optional)	
E-Mail address (if available)	[REDACTED]

2. 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)	
Gloria Workington Club 89 Manor Park Road Harlesden London N.W.10, U.K.	
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)	
THE HALL [REDACTED] PARTY WILL BE HELD THEY WILL NOT BE ALLOWED ANYWHERE ELSE IN THE CLUB	
Please describe the nature of the premises below. (Please read note 4)	
SOCIAL CLUB [REDACTED]	
Please describe the nature of the event below. (Please read note 5)	
CHRISTMAS	

Please state the licensable activities that you intend to carry on at the premises (please tick all 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 type="checkbox"/>
Are you applying for a temporary event notice? (Please read note 7)	<input type="checkbox"/>
Explain any limitations on which you intend to use these premises for licensable activities. (Please read note 8)	

FRIDAY 11TH SEPTEMBER

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)

1800 - 2400

Please state the maximum number of people at any one time that you intend to allow to be present on the premises during the times when you intend to carry on licensable activities. For clubs you shall organisers or performers. (Please read note 10)		100	
	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 as appropriate). (Please read note 11)	On the premises only	<input checked="" type="checkbox"/>
		Off the premises only	<input type="checkbox"/>
		Both	<input type="checkbox"/>

Please state if the licensable activities will include the provision of relevant entertainment. If so, please state the times during the event period that you propose to provide relevant entertainment. (please read note 12)

1800 - 2400

Part 1: Do you currently hold a valid personal licence? (Please read note 15)

Do you currently hold a valid personal licence? (Please tick)	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		

Part 2: Have you previously given a temporary event notice in respect of any premises for events taking in the same calendar year as the event for which you are now giving the temporary event notice?

Have you previously given a temporary event notice in respect of any premises for events taking in the same calendar year as the event for which you are now giving the temporary event notice?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If answering yes, please state the number of temporary event notices (including the number of late temporary event notices, if any) you have given for events in that same calendar year	ONE	
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Part 3: 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?

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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If answering yes, please state the total number of temporary event notices (including the number of late temporary event notices, if any) 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?	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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If answering yes, please state the total number of temporary event notices (including the number of late temporary event notices, if any) 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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

8. I have: (Please tick the appropriate boxes)	
Sent at least one copy of this notice to the licensing authority for the area in which the premises are situated	<input checked="" type="checkbox"/>
Sent a copy of this notice to the chief officer of police for the area in which the premises are situated	<input checked="" type="checkbox"/>
Sent 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, sent 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, sent 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, sent a copy of this notice to each additional local authority exercising environmental health functions	<input type="checkbox"/>
Made or enclosed payment of the fee for the application	<input type="checkbox"/>
Signed the declaration in Section 9 below	<input checked="" type="checkbox"/>

9. 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	
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 or in connection with this temporary event notice and that a person is liable on summary conviction for such an offence to a fine not exceeding 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 summary 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	<i>B. Simmons</i>
Date	24/08/15
Name of Person signing	BRIAN SIMMONS

For completion by the licensing authority

10. Acknowledgement (Please read note 10)	
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

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) or from your local licensing authority.

Official Use Only. Fee Application