

Guildford Temporary Event Notice Licensing Act 2003

For help contact

<u>licensing@guildford.gov.uk</u> Telephone: 01483 505050

* required information

Section 1 of 9			
You can save the form at any ti	me and resume it later. You do not need to be	logged in when you resume.	
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.	
Your reference	Joe Stone	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.	
Are you an agent acting on behalf of the applicant? O Yes No		Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.	
Applicant Details			
First name	Joseph		
Family name	Stone		
E-mail address			
Main telephone number		Include country code.	
Other telephone number			
☐ Indicate here if you would	d prefer not to be contacted by telephone		
Are you:			
Applying as a business oApplying as an individua	r organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.	

Your Address Building number or name Street District City or town County or administrative area Postcode Country Address official correspondence should be sent to.	Continued from previous page		
Building number or name Street District City or town County or administrative area Postcode Country Section 2 of 9 APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1) Have you had any previous or maiden names? Yes No Your date of birth Applicant must be 18 years of age or older Inhis box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Building number or name Street District City or town County or administrative area Postcode			Address official correspondence should be
District City or town County or administrative area Postcode Country Section 2 of 9 APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1) Have you had any previous or maiden names? Yes No Your date of birth Applicant must be 18 years of age or older dd mm yyyyy This box need not be completed if you are an inclividual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode			·
City or town County or administrative area Postcode Country Section 2 of 9 APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1) Have you had any previous or maiden names? Yes No Your date of birth Applicant must be 18 years of age or older ddd mm yyyyy This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode	Street		
Country Section 2 of 9 APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1) Have you had any previous or maiden names? Yes No Your date of birth In In In In Insurance number National Insurance number Correspondence Address Is the address the same as (or similar to) the address given in section one? If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode	District		
Postcode Country Section 2 of 9 APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1) Have you had any previous or maiden names? Yes No Your date of birth Applicant must be 18 years of age or older dd mm yyyyy This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No No Building number or name Street District City or town County or administrative area Postcode	City or town		
Section 2 of 9 APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1) Have you had any previous or maiden names? Yes No Your date of birth Applicant must be 18 years of age or older did mm yyyyy This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode	County or administrative area		
Section 2 of 9 APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1) Have you had any previous or maiden names? Yes No Your date of birth Applicant must be 18 years of age or older Applicant must be 18 years of age or older Applicant must be 18 years of age or older Applicant must be 18 years of age or older In his box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No No If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode	Postcode		
APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1) Have you had any previous or maiden names? Yes No Your date of birth Applicant must be 18 years of age or older Applicant must be 18 years of age or older This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode	Country		
APPLICATION DETAILS (See also guidance on completing the form, general notes and note 1) Have you had any previous or maiden names? Yes No Your date of birth Applicant must be 18 years of age or older Applicant must be 18 years of age or older This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode			
Have you had any previous or maiden names? Yes No Your date of birth Applicant must be 18 years of age or older Applicant must be 18 years of age or older This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode	Section 2 of 9		
Yes No Your date of birth Applicant must be 18 years of age or older Applicant must be 18 years of age or older Applicant must be 18 years of age or older This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No No If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode	APPLICATION DETAILS (See	also guidance on completing the form, gener	ral notes and note 1)
Yes No Your date of birth Applicant must be 18 years of age or older Applicant must be 18 years of age or older Applicant must be 18 years of age or older This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No No If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode	Have you had any previous or	maiden names?	
National Insurance number This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No No If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode			
National Insurance number This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No No Building number or name Street District City or town County or administrative area Postcode This box need not be completed if you are an individual not liable to pay UK national insurance. If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.	Your date of birth	dd mm yww	Applicant must be 18 years of age or older
Place of birth Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No No Street District City or town County or administrative area Postcode Place of birth If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.	National Insurance number	Jyyy	individual not liable to pay UK national
Is the address the same as (or similar to) the address given in section one? Yes No No Street District City or town County or administrative area Postcode If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.	Place of birth		
 Yes No required. Select "No" to enter a completely new set of details. Building number or name Street District City or town County or administrative area Postcode	•	similar to) the address given in section one?	
Street District City or town County or administrative area Postcode	Yes	○ No	required. Select "No" to enter a completely
District City or town County or administrative area Postcode	Building number or name		
City or town County or administrative area Postcode	Street		
County or administrative area Postcode	District		
Postcode	City or town		
	County or administrative area		
Country United Kingdom	Postcode		
	Country	United Kingdom	

Continued from previous page		
Additional Contact Details		
Are the contact details the sam	ne as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details
Yes	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
E-mail	j	
Telephone number		
Other telephone number		
Section 3 of 9		
THE PREMISES		
activity at the premises describ Give the address of the premis	es where you intend to carry on the licensable a	activities or if it has no address give a detailed
, ,	nance Survey references). (See also guidance o	in completing the form, note 2)
Does the premises have an add	aress?	
Yes	○ No	
Address Is the address the same as (or s	similar to) the address given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
Yes	○ No	required. Select "No" to enter a completely new set of details.
Building number or name	Kings Holt	
Street	Colekitchen Lane	
District		
City or town	Gomshall	
County or administrative area	Surrey	
Postcode	GU5 9QB	
Country	United Kingdom	
Does a premises licence or club the premises (or any part of the	o premises certificate have effect in relation to e premises)?	
Neither	es licence Club premises certificate	
Location Details		
Provide further details about the	ne location of the event	
that for the event. It is tucked disturbance to neighbors.	The premises is 26 acres, however away in a fairly remote part of the countryside v	er we will only be using a very small part of which means that there is very little
	f the premises at this address or intend to restri (see also guidance on completing the form, not	

Continued from previous page... In all we are only useing a very small area. A 40m squared area for car parking A 40m squared area for entertainment space A 60m squared area for camping My understanding is that the license will only apply to the entertainment space Describe the nature of the premises below (see also guidance on completing the form, note 4) Family Home -The entertainment area is woodland Camping area is a lawn Car Parking area is the corner of a large feild Describe the nature of the event below (see also guidance on completing the form, note 5) The event is a small music and arts event created by me and a group of friends. This is a private event This event is NOT open for the public The only people able to buy tickets are friends or people part of our collective All artists, musicians and organizers are all volunteers, providing services for free. Section 4 of 9 LICENSABLE ACTIVITIES State the licensable activities that you intend to carry on at the premises (see also guidance on completing the form, note 6): The sale by retail of alcohol The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club The provision of regulated entertainment The provision of late night refreshment Late notices can be given no later than 5 The giving of a late temporary event notice working days but no earlier than 9 working days before the event. (See also guidance on completing the form, note 7). **Event Dates** There must be a period of at least 10 working days between the date you submit this form and the date of the earliest event when you will be using these premises for licensable activities. State the dates on which you intend to use these premises for licensable activities (see also guidance on completing the form, note 8) Event start date The maximum period for using premises for 23 09 2017 licensable activities under the authority of a dd mm уууу temporary event notice is 168 hours or seven days.

Continued from previous page		
Event end date	24 / 09 / 2017 dd mm yyyy	
State the times during the event period that you propose to carry on licensable activities (give times in 24 hour clock) (see also guidance on completing the form, note 9)	3333	
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 (see also guidance on completing the form, note 10)	250	Note that the maximum number of people cannot exceed 499.
	nclude the supply of alcohol, state whether the on on or off the premises, or both ing the form, note 11):	e
 Off the premises only 		
○ Both		
Section 5 of 9		
RELEVANT ENTERTAINMENT	(See also guidance on completing the for	rm, note 12)
State if the licensable activities period that you propose to pro	will include the provision of relevant entertain vide relevant entertainment	nment. If so, state the times during the event
Sound set up and soundcheck: Music will start from 19:00 - un Bar will open at 22:00 - until 06 Food will be available betweer	atil 06:00 6:00	
Section 6 of 9		
PERSONAL LICENCE HOLDERS	S (See also guidance on completing the for	rm, note 13)
Do you currently hold a valid personal licence?		
Section 7 of 9		
PREVIOUS TEMPORARY EVEN	T NOTICES (See also guidance on completi	ing the form, note 14)

Continued from previous page					
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?	0	Yes	•	No	
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?	0	Yes	•	No	
Section 8 of 9					
ASSOCIATES AND BUSINESS (COLL	EAGUES	(See also gui	dance	e on completing the form, note 15)
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?	0	Yes	•	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?	0	Yes	•	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?	0	Yes	•	No	

Continued from previous page... 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 Yes No period: a) Ends 24 hours or less before; or b) Begins 24 hours or less after the event period proposed in this notice? Section 9 of 9 CONDITION (See also guidance on completing the form, note 17) It is a condition of this temporary event notice that where the relevant licensable activities described in Sections 4 and 5 above include the supply of alcohol that all such supplies are made by or under the authority of the premises user. **PAYMENT DETAILS** This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. This formality requires a fixed fee of £21

DECLARATION (See also guidance on completing the form, note 18)

- * The information contained in this form is correct to the best of my knowledge and belief
- * Lunderstand 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
- ☐ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Full name

Capacity

Joseph Stone

Event Organiser

Date 10 / 07 / 2017 dd mm yyyy

Add another signatory

Once you're finished you need to do the following:

- 1. Save this form to your computer by clicking file/save as...
- 2. Go back to https://www.gov.uk/apply-for-a-licence/temporary-event-notice/guildford/apply-1 to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

OFFICE USE ONLY	
Applicant reference number	Joe Stone
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	<u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> Next >