

South Derbyshire Temporary Event Notice Licensing Act 2003 For help contact licensing@southderbyshire.gov.uk Telephone: 01283 221000

\* required information

Section 1 of 9						
You can save the form at an	y time and resume it later. You do not need to b	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	AB001096	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?	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	Barrie					
* Family name	Stevenson					
* E-mail						
Main telephone number		Include country code.				
Other telephone number						
☐ Indicate here if you w	ould prefer not to be contacted by telephone					
Are you:						
Applying as a busines	s or 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	dual	Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as				

Continued from previous page	•	
Your Address		Address official correspondence should be
* Building number or name	Foresters Arms	sent to.
* Street	67 High Street	
District		
* City or town	Swadlincote	
County or administrative area	Derbyshire	
* Postcode	DE11 8JA	
* Country	United Kingdom	
Section 2 of 9		
APPLICATION DETAILS (See	also guidance on completing the form, gen	eral notes and note 1)
Have you had any previous or	malden names?	
O Yes	6 No	
* Your date of birth		Applicant must be 18 years of age or older
	dd mm yyyy	
National Insurance number	N	This box need not be completed if you are an individual not liable to pay UK national insurance.
Place of birth	(s.4 *-	
Correspondence Address		
is the address the same as (or s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details
C Yes	@ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
Building number or name	The Craft Union Pub Company Ltd	
Street	3 Monkspath Hall Road	
District		
City or town	Sollhuli	
County or administrative area		
Postcode	B90 4SJ	
Country	United Kingdom	

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Additional Contact Details		
Are the contact details the sam	e as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
C Yes	@ No. /	required. Select "No" to enter a completely new set of details.
E-mail		
Telephone number		
Other telephone number		
Section 3 of 9		
THE PREMISES		
activity at the premises describ	ve notice under section 100 of the Licensing Acceded below.  es where you intend to carry on the licensable and the licensable	activities or if it has no address give a detailed on completing the form, note 2)
* Does the premises have an a	ddress?	
@ Yes	C 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	C No	required. Select "No" to enter a completely new set of details.
* Building number or name	Foresters Arms	
* Street	67 High Street	
District		]
* City or town	Swadlincote	
County or administrative area	Derbyshire	
* Postcode	DE11 8JA	
* Country	United Kingdom	
* Does a premises licence or cl to the premises (or any part of	ub premises certificate have effect in relation the premises)?	
C Neither © Premis	es licence C Club premises certificate	
* Premises licence number	LAPRE/0051	
Location Details		
* Provide further details about	the location of the event	
Within the usual demise of th	e premises.	

Continued from previous page  If you intend to use only part of the premises at this address or in	stend to restrict the area to which this notice applies et a
description and details below (see also guidance on completing	the form, note 3)
	(40)
Describe the nature of the premises below (see also guidance on	completing the form, note 4)
Public House	
Describe the nature of the event below (see also guidance on con	npleting the form, note 5)
Christmas trading extended hours.  All conditions within current premises licence will be copied over Pub will have door security for all extended hours, ensure ID chec	r to the TEN application cks are carried out
22nd December 00:00 - 01:00 Friday into Saturday	
23rd December 00:00 - 01:00 Saturday Into Sunday 24th December 23:00 - 01:00 Sunday Into Monday	
25th December 12:00-15:00/19:00-22:50 extend to 10:00-00:00 w	Ithout closing
26th December 23:00 - 01:00 Tuesday Into Wednesday	
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LICENSABLE ACTIVITIES	
State the licensable activities that you intend to carry on at the pro- (see also guidance on completing the form, note 6):	em[ses
∑ The sale by retail of alcohol	
The supply of alcohol by or on behalf of a club to, or to the o member of the club	order of, a
The provision of regulated entertainment	(See also guidance on completing the form, note 7).
The provision of late night refreshment	
The giving of a late temporary event notice	Late notices can be given no later than 5 working days but no earlier than 9 working days before the event.
	(See also guidance on completing the form, note 8).
Event Dates	
There must be a period of at least 10 working days between the da when you will be using these premises for licensable activities.	ate you submit this form and the date of the earliest event
State the dates on which you intend to use these premises for licer	nsable activities
(see also guidance on completing the form, note 9)	

Continued from previous page		
Event start date	23 / 12 / 2023 dd mm yyyy	The maximum period for using premises for licensable activities under the authority of a
	dd mm yyyy	temporary event notice is 168 hours or seven days.
		ways.
Event end date	27 / 12 / 2023 dd mm yyyy	
State the times during the		
event period that you propos		
to carry on licensable activitie (give times in 24 hour clock)	00:00 - 01:00 (23rd and 24th	
(see also guidance on	10:00 - 00:00 (25th Dec)	
completing the form, note 10	23:00 - 01:00 (26th Dec into 27th De	6)
State the maximum number		
of people at any one time that you intend to allow to be	t	
present at the premises		
during the times when you	200	Note that the maximum number of people cannot exceed 499.
intend to carry on licensable activities, including any staff,	200	
organisers or performers		
(see also guidance on completing the form, note 11	,	
		hathar the
supplies will be for consumpt	include the supply of alcohol, state within on or off the premises, or both	liethet nie
(see also guidance on comple		
© On the premises only		
C Off the premises only		
C Both		
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RELEVANT ENTERTAINMENT		
State if the licensable activities period that you propose to p	es will include the provision of relevan rovide relevant entertainment	t entertainment. If so, state the times during the event
n/a		
Section 6 of 9		
	RS (See also guidance on completion	ng the form, note 14)
FERSONAL CICETOE HOLD		
Do you currently hold a valid personal licence?	© Yes O No	
	avranal licanës holosu	
Provide the details of your pe	Radial licelice pelow.	

Continued from previous page	· Issuing lice	nsing authority					
North West Leicestershire Cou		7					
Licence number	NWL11479			16			
Date of Issue	dd m	/	**************************************				
Any further relevant details							
Section 7 of 9						E-SEWER	
PREVIOUS TEMPORARY EVEN	NT NOTICES	(See also guid	ance on co	mpleting th	e form, note	15)	
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		No				
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	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?	C Yes	(6)	No				
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ASSOCIATES AND BUSINESS C	OLLEAGUES	(See also gui	dance on c	ompleting	the form, not	e 16)	
Has any associate of yours given a temporary event notice for an event in the	○ Yes		No				

		_			
Continued from previous page					
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?	C	Yes		<b>©</b>	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		6	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	C	Yes		<b>©</b>	No
after the event period proposed in this notice?					
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CONDITION (See also guida	nce	on comp	leting the	form	, note 18)
above include the supply of al	ary e	vent not of that all	tice that wh	ere t ies a	he relevant licensable activities described in Sections 4 and 5 re made by or under the authority of the premises user.
PAYMENT DETAILS					
i i			u complete	the	application online, you must pay it by debit or credit card.
This formality requires a fixed	166 (	N E41			
ATTACHMENTS	<u> </u>				
<b>AUTHORITY POSTAL ADDRE</b>	SS				

Continued from previous page	
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcøde	
Country	United Kingdom
DECLARATION (See also qui	idance on completing the form, note 19)
	n this form is correct to the best of my knowledge and belief ites you have read and understood the above declaration
This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	LICENSING COORDINATOR
Date (dd/mm/yyyy)	4-110123
	Add another signatory
and continue with your applica	outer by clicking file/save as  v.uk/apply-for-a-licence/temporary-event-notice/south-derbyshire/apply-1 to upload this file