

* required information

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

This is the unique reference for this application generated by the system.

Your reference

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?

 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

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

 Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader
- Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

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Address

* Building number or name	<input type="text" value="103"/>
* Street	<input type="text" value="London Road"/>
District	<input type="text"/>
* City or town	<input type="text" value="Shardlow"/>
County or administrative area	<input type="text" value="Derbyshire"/>
* Postcode	<input type="text" value="DE72 2GP"/>
* Country	<input type="text" value="United Kingdom"/>

Agent Details

* First name	<input type="text" value="Laura"/>
* Family name	<input type="text" value="Mateer"/>
* E-mail	<input type="text" value="LMateer@john-gaunt.co.uk"/>
Main telephone number	<input type="text" value="0114 2668664"/>
Other telephone number	<input type="text"/>

Include country code.

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
 A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

Is your business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Is your business registered outside the UK? Yes No

Business name	<input type="text" value="John Gaunt & Partners"/>
VAT number	<input type="text" value="GB"/> <input type="text" value="651652147"/>
Legal status	<input type="text" value="Partnership"/>
Your position in the business	<input type="text" value="Paralegal"/>
Home country	<input type="text" value="United Kingdom"/>

If your business is registered, use its registered name.

Put "none" if you are not registered for VAT.

The country where the headquarters of your business is located.

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Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name	Omega Court
Street	372 Cemetery Road
District	
City or town	Sheffield
County or administrative area	
Postcode	S11 8FT
Country	United Kingdom

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APPLICATION DETAILS ([See also guidance on completing the form, general notes and note 1](#))

Have you had any previous or maiden names?

Yes No

Enter details of any previous names or maiden names

First name	Kelly
Family name	Bull

[Add another previous name](#)

* Your date of birth	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="1982"/>
	dd mm yyyy

Applicant must be 18 years of age or older

National Insurance number	JT 20 09 58 C
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This box need not be completed if you are an individual not liable to pay UK national insurance.

Place of birth	Derby
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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.

Yes No

Building number or name	<input type="text" value="John Gaunt & Partners"/>
Street	<input type="text" value="Omega Court"/>
District	<input type="text" value="372 Cemetery Road"/>
City or town	<input type="text" value="Sheffield"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="S11 8FT"/>
Country	<input type="text" value="United Kingdom"/>

Additional Contact Details

Are the contact details the same 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 required. Select "No" to enter a completely new set of details.

Yes No

E-mail	<input type="text" value="LMateer@john-gaunt.co.uk"/>
Telephone number	<input type="text" value="0114 2668664"/>
Other telephone number	<input type="text"/>

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THE PREMISES

I, the proposed user, hereby give notice under section 100 of the Licensing Act 2003 of my proposal to carry out a temporary activity at the premises described below.

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). ([See also guidance on completing the form, note 2](#))

* Does the premises have an address?

Yes No

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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.

- Yes No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

* Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)?

- Neither Premises licence Club premises certificate

* Premises licence number

Location Details

* Provide further details about the location of the event

If you intend to use only part of the premises at this address or intend to restrict the area to which this notice applies, give a description and details below [\(see also guidance on completing the form, note 3\)](#)

Describe the nature of the premises below [\(see also guidance on completing the form, note 4\)](#)

Describe the nature of the event below [\(see also guidance on completing the form, note 5\)](#)

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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
- The giving of a late temporary event notice

([See also guidance on completing the form, note 7](#)).

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 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 9](#))

Event start date / /
 dd mm yyyy

The maximum period for using premises for licensable activities under the authority of a temporary event notice is 168 hours or seven days.

Event end date / /
 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 10](#))

To permit the licensable activities at the premises as follows:
Friday 1st July from 19:00 until Saturday 2nd July at 01:00;
Saturday 2nd July from 11:00 until 00:00;
Sunday 3rd July from 11:00 until 23:00.

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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
[\(see also guidance on completing the form, note 11\)](#)

499

Note that the maximum number of people cannot exceed 499.

If the licensable activities will include the supply of alcohol, state whether the supplies will be for consumption on or off the premises, or both
[\(see also guidance on completing the form, note 12\):](#)

- On the premises only
 Off the premises only
 Both

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RELEVANT ENTERTAINMENT [\(See also guidance on completing the form, note 13\)](#)

State if the licensable activities will include the provision of relevant entertainment. If so, state the times during the event period that you propose to provide relevant entertainment

N/a

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PERSONAL LICENCE HOLDERS [\(See also guidance on completing the form, note 14\)](#)

Do you currently hold a valid personal licence? Yes No

Provide the details of your personal licence below.

Issuing licensing authority

Licence number

Date of issue / /
dd mm yyyy

Any further relevant details

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PREVIOUS TEMPORARY EVENT NOTICES [\(See also guidance on completing the form, note 15\)](#)

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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

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 Yes No

b) Begins 24 hours or less after the event period proposed in this notice?

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ASSOCIATES AND BUSINESS COLLEAGUES ([See also guidance on completing the form, note 16](#))

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 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 Yes No

b) Begins 24 hours or less after the event period proposed in this notice?

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 No

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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:

Yes No

a) Ends 24 hours or less before; or
b) Begins 24 hours or less after the event period proposed in this notice?

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CONDITION ([See also guidance on completing the form, note 18](#))

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 19](#))

* The information contained in this form is correct to the best of my knowledge and belief

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
* Date / /
 dd mm yyyy

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/south-derbyshire/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	<input type="text" value="WHU291/27/MRA/LFM-2"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>