

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 any time and resume it later. You do not need to be logged in when you resume. This is the unique reference for this System reference Not Currently In Use application generated by the system. You can put what you want here to help you Your reference Pub 1805 - Sir Nigel Gresley, Swadlincote track applications if you make lots of them. It is passed to the authority. Put "no" if you are applying on your own Are you an agent acting on behalf of the applicant? behalf or on behalf of a business you own or Yes No work for. **Applicant Details** * First name Robert * Family name Winterton * E-mail p1805@jdwetherspoon.co.uk Main telephone number Include country code. 01283 227560 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 A sole trader is a business owned by one person without any special legal structure. Applying as an individual 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.

Continued from previous page		
Address		
* Building number or name	11	
* Street	William Bees Road	
District		
* City or town	Coalville	
County or administrative area		
* Postcode	LE7 3AS	
* Country	United Kingdom	
Agent Details		
* First name	Barbara	
* Family name	Morrice	
* E-mail	bmorrice@jdwetherspoon.co.uk	
Main telephone number	07976 002 336	Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
 An agent that is a busine 	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual active	ng as an agent	
Agent Business		
Is your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.
Registration number	1709784	
Business name	JD Wetherspoon plc	If your business is registered, use its registered name.
VAT number	396331433	Put "none" if you are not registered for VAT.
Legal status	Public Limited Company	
Your position in the business	Licensing Administrator	
Home country	United Kingdom	The country where the headquarters of your business is located.

Address registered with Companies House. Building number or name Wetherspoon House	Continued from previous page	4	
Street Reeds Crescent District City or town Watford County or administrative area Postcode WD24 4QL Country United Kingdom 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? C Yes No Your date of birth 27 / 06 / 1985 dd mm yyyy National Insurance number JJ643808A This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Leicester Correspondence Address Is the address the same as (or similar to) the address given in section one? C Yes No No No Wetherspoon House Street Reeds Crescent District City or town Watford County or administrative area Postcode WD24 4QL	Agent Registered Address		Address registered with Companies House.
District City or town Watford County or administrative area Postcode WD24 4QL Country United Kingdom 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? C. Yes No Your date of birth 27 / 06 / 1985	Building number or name	Wetherspoon House	
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Country United Kingdom 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? C Yes No *Your date of birth 27 / 06 / 1985 Applicant must be 18 years of age or older dd mm yyyy National Insurance number District Crespondence Address Is the address the same as (or similar to) the address given in section one? Building number or name Wetherspoon House Street Reeds Crescent District City or town Watford County or administrative area Postcode WD24 4QL WD24 4QL	District]
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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? C Yes	Postcode	WD24 4QL	
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National Insurance number JJ643808A JJ643808A JJ643808A Place of birth Leicester	C Yes	No No	
National Insurance number JJ643808A This box need not be completed if you are an individual not liable to pay UK national insurance. Place of birth Leicester	* Your date of birth		Applicant must be 18 years of age or older
Place of birth Leicester Correspondence Address Is the address the same as (or similar to) the address given in section one? Yes No No Hf "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 Wetherspoon House Street Reeds Crescent District City or town Watford County or administrative area Postcode WD24 4QL	National Insurance number	JJ643808A	individual not liable to pay UK national
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From section one, or amend them as required. Select "No" to enter a completely new set of details. Building number or name Street Reeds Crescent District City or town County or administrative area Postcode WD24 4QL	Correspondence Address		
Postcode No required. Select "No" to enter a completely new set of details. required. Select "No" to enter a completely new set of details. Wetherspoon House Reeds Crescent District City or town Watford WD24 4QL WD24 4QL	Is the address the same as (or s	imilar to) the address given in section one?	
Street Reeds Crescent District City or town County or administrative area Postcode WD24 4QL	C Yes	No	required. Select "No" to enter a completely
District City or town County or administrative area Postcode WD24 4QL	Building number or name	Wetherspoon House	
City or town County or administrative area Postcode WD24 4QL	Street	Reeds Crescent	
County or administrative area Postcode WD24 4QL	District		
Postcode WD24 4QL	City or town	Watford	
	County or administrative area		
Country United Kingdom	Postcode	WD24 4QL	
	Country	United Kingdom	

		<u></u>		
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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 from section one, or amend them as		
CYes	No No	required. Select "No" to enter a completely new set of details.		
E-mail	bmorrice@jdwetherspoon.co.uk			
Telephone number	07976 002 336			
Other telephone number				
Section 3 of 9				
THE PREMISES				
activity at the premises described in the address of the premises and the premises are the premises at the premises are the premise are the premises are the premise a	ive notice under section 100 of the Licensing Acoed below. ses where you intend to carry on the licensable Inance Survey references). (See also guidance o	activities or if it has no address give a detailed		
* Does the premises have an a	ddress?			
Yes	○ No			
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		
C Yes	€ No	required. Select "No" to enter a completely new set of details.		
* Building number or name	Sir Nigel Gresley			
* Street	Market Street			
District				
* City or town	Swadlincote			
County or administrative area				
* Postcode	DE11 9DA			
* Country	United Kingdom			
* Does a premises licence or c to the premises (or any part o	club premises certificate have effect in relation f the premises)?			
C Neither © Premis	ses licence C Club premises certificate			
* Premises licence number	LAPRE/0173			
Location Details				
* Provide further details abou	it the location of the event			
Whole Premises				

Continued from pre		
description and de	e only part of the premises at this address or i etails below <u>(see also quidance on completin</u> g	ntend to restrict the area to which this notice applies, give a the form, note 3)
Whole Premises		
Described to the		
	re of the premises below <u>(see also guidance or</u>	n completing the form, note 4)
Public House		
Describe the natur	e of the event below (see also guidance on co	empleting the form, note 5)
Extension of hours	s for the provision of licensable activities for the	ne Christmas/New Year period.
Section 4 of 9		
LICENSABLE ACTIV	VITIES	
State the licensable	e activities that you intend to carry on at the p	premises
<u>(see also guidance</u>	on completing the form, note 6):	
	etail of alcohol	
The supply of	f alcohol by or on behalf of a club to, or to the	order of, a
member of th	ne club	
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,
Event Dates		<u>note 8).</u>
There must be a pe	eriod of at least 10 working days between the	date you submit this form and the date of the earliest event
when you will be u	sing these premises for licensable activities.	
State the dates on	which you intend to use these premises for lic	censable activities
(see also guidance	on completing the form, note 9)	
Event start date	28 / 12 / 2023	The maximum period for using premises for
	dd mm yyyy	licensable activities under the authority of a temporary event notice is 168 hours or seven
		days.
Event end date		
Event end date	29 / 12 / 2023	
	dd mm yyyy	

Continued from previous page		
State the times during the		
event period that you propose to carry on licensable activities		
(give times in 24 hour clock)	0000 - 0100 28.12.23 (following 27.12.23	
(see also guidance on	trade)	
completing the form, note 10)	0000 - 0100 29.12.23 (following 28.12.23 trade)	
State the maximum number		
of people at any one time that you intend to allow to be		
present at the premises		Note that the maximum number of people
during the times when you	499	cannot exceed 499.
intend to carry on licensable activities, including any staff,		
organisers or performers		
(see also guidance on		
completing the form, note 11)		
If the licensable activities will in	nclude the supply of alcohol, state whether the on or off the premises, or both	
(see also quidance on complet		
On the premises only		
Off the premises only		
⊕ Both		
Section 5 of 9		
RELEVANT ENTERTAINMENT	(See also guidance on completing the for	
State if the licensable activities period that you propose to pro	will include the provision of relevant entertain ovide relevant entertainment	ment. If so, state the times during the event
None.		1
Section 6 of 9		
PERSONAL LICENCE HOLDER	S (See also guidance on completing the for	n, note 14)
· · · · · · · · · · · · · · · · · · ·		
Do you currently hold a valid personal licence?	• Yes C No	
Provide the details of your per	sonal licence below.	_
Issuing licensing authority	North West Leicestershire District Council	
Licence number	NWL1070	
Date of issue	dd mm yyyy	
		

Continued from previous page	An	y further re	elevant details			
			1			
Section 7 of 9						
PREVIOUS TEMPORARY EVEN	IT N	OTICES (S	ee also guida	nce o	n completing the form, note 15)	
Have very municipality alives a						
Have you previously given a temporary event notice in						
respect of any premises for						
events falling in the same	•	Yes	C	No		
calendar year as the event for			7. 7			
which you are now giving this						
temporary event notice?						
State the number of		_				
temporary event notices	1					
(including the number of late						
temporary event notices, if						
any) you have given for events	i					
in that same calendar year						
Have you already given a						
temporary event notice for						
the same premises in which						
the event period:		Vaa	6	Ma		
a) Ends 24 hours or less before; or		Yes	©	No		
b) Begins 24 hours or less						
after the event period						
proposed in this notice?						
Section 8 of 9						
ASSOCIATES AND BUSINESS	COL	LEAGUES	(See also gui	dance	on completing the form, note 16)	
Has any associate of yours		<u> </u>				
given a temporary event						
notice for an event in the	_		_			
same calendar year as the	C	Yes	©	No		
event for which you are now						
giving a temporary event notice?						
Has any associate of yours already given a temporary						
event notice for the same						
premises in which the event						
period:		V	_			
a) Ends 24 hours or	C)	Yes	•	No		
less before; or						
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? 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?					
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? 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? Section 9 of 9 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 included the supply of alcohol that all such supplies are made by or under the authority of the premises user. PAYMENT DETAILS This feer 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 ATTACHMENTS AUTHORITY POSTAL ADDRESS Address Building number or name Street District City or town County or administrative area Postcode Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)	Continued from previous page				
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? Section 9 of 9 CONDITION (See also guidence 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 ATTACHMENTS AUTHORITY POSTAL ADDRESS Address Building number or name Street District City or town County or administrative area Postcode Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)	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	C Yes	No		
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 ATTACHMENTS AUTHORITY POSTAL ADDRESS Address Building number or name Street District City or town County or administrative area Postcode Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)	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		€ No		
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This formality requires a fixed fee of £21 ATTACHMENTS AUTHORITY POSTAL ADDRESS Address Building number or name Street District City or town County or administrative area Postcode Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)	PAYMENT DETAILS				
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Building number or name Street District City or town County or administrative area Postcode Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)					· · · · · · · · · · · · · · · · · · ·
District City or town County or administrative area Postcode Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)					
City or town County or administrative area Postcode Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)	Street				
County or administrative area Postcode Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)	District				
Postcode Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)	City or town				
Country United Kingdom DECLARATION (See also guidance on completing the form, note 19)	County or administrative area				
DECLARATION (See also guidance on completing the form, note 19)	Postcode				
	Country	United Kingdom			
* The information contained in this form is correct to the best of my knowledge and belief	DECLARATION (See also gui	dance on completing	the form, note 1	9)	
	* The information contained in	n this form is correct to	the best of my kn	owledge and belief	
☐ Ticking this box indicates you have read and understood the above declaration	☐ Ticking this box indica	tes you have read and	understood the al	bove declaration	

Continued from previous page.	100
This section should be comp behalf of the applicant?"	pleted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	
Date (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/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.

