Herefordshire Temporary Event Notice Licensing Act 2003

For help contact

licensing@herefordshire.gov.uk Telephone: 01432 261761

\* required information

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You can save the form at any t	time and resume it later. You do not need to I	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	72-22	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 be	ehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes	No	work for.
Applicant Details		
* First name	Jade	
* Family name	OWEN	
* E-mail	skinnyeatshereford@gmail.com	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the appl	licant would prefer not to be contacted by tel	lephone
Is the applicant:		
<ul><li>Applying as a business of</li></ul>	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
<ul> <li>Applying as an individu</li> </ul>	al	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.
Applicant Business		
Is the applicant's business registered in the UK with Companies House?	<ul><li>Yes</li><li>No</li></ul>	Note: completing the Applicant Business section is optional in this form.
Registration number	13363830	
Business name	Skinny Eats Ltd	If the applicant's business is registered, use its registered name.
VAT number -	None	Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

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Applicant's position in the business	Manager					
Home country	United Kingdom	The country where the applicant's headquarters are.				
Registered Address		Address registered with Companies House.				
Building number or name	31					
Street	Carroll Avenue					
District						
City or town	HEREFORD					
County or administrative area	Herefordshire					
Postcode	HR4 0QW					
Country	United Kingdom					
Agent Details						
* First name	Paul					
* Family name	NEADES					
* E-mail	licensing@thelicensingguys.com					
Main telephone number	01432 700024	Include country code.				
Other telephone number	07891 403808					
☐ Indicate here if you would	ld prefer not to be contacted by telephone					
Are you:						
<ul><li>An agent that is a busine</li></ul>	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 acting as an agent						
Agent Business						
Is your business registered in the UK with Companies House?	<ul><li>Yes</li><li>No</li></ul>	Note: completing the Applicant Business section is optional in this form.				
Registration number	12708406					
Business name	TL Guys Ltd	If your business is registered, use its registered name.				
VAT number -	365 6099 65	Put "none" if you are not registered for VAT.				
Legal status	Private Limited Company					

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	[		
Your position in the business	Director		
Home country	United Kingdom	The country where the headquarters of your business is located.	
Agent Registered Address		Address registered with Companies House.	
Building number or name	Rural Enterprise Centre		
Street	Vincent Carey Road		
District	Rotherwas Business Park		
City or town	HEREFORD		
County or administrative area	Herefordshire		
Postcode	HR2 6FE		
Country	United Kingdom		
Section 2 of 9			
APPLICATION DETAILS (See 2	also guidance on completing the form, gener	ral notes and note 1)	
Have you had any previous or I	maiden names?		
Yes	<ul><li>No</li></ul>		
* Your date of birth		Applicant must be 18 years of age or older	
	dd mm yyyy	This has a second making a second should be seen as	
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			
	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details	
<ul><li>Yes</li></ul>	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.	
Building number or name	The Orange Tree		
Street	16 King Street		
District			
City or town	HEREFORD		
County or administrative area	Herefordshire		
Postcode	HR4 9BX		
Country	United Kingdom		

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<b>Additional Contact Details</b>		
Are the contact details the same	e as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details
<ul><li>Yes</li></ul>	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
E-mail	skinnyeatshereford@gmail.com	
Telephone number	07951 100293	
Other telephone number		
Section 3 of 9		
THE PREMISES		
activity at the premises describe Give the address of the premise		
* Does the premises have an ac		
<ul><li>Yes</li></ul>	○ No	
Address Is the address the same as (or si	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details
<ul><li>Yes</li></ul>	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name	The Orange Tree	
* Street	16 King Street	
District		
* City or town	HEREFORD	
County or administrative area	Herefordshire	
* Postcode	HR4 9BX	
* Country	United Kingdom	
* Does a premises licence or clu to the premises (or any part of t	ub premises certificate have effect in relation the premises)?	
O Neither    Premise:	s licence Club premises certificate	
* Premises licence number	PRO 1965	
Location Details		
* Provide further details about	the location of the event	
City Centre Public House.		

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If you intend to use only part of the premises at this address or intend to redescription and details below (see also guidance on completing the form)	
As per pre-existing Premises Licence Plan held by Herefordshire Council.	
Describe the nature of the premises below (see also guidance on complete	ing the form, note 4)
City Centre Public House.	
Describe the nature of the event below (see also guidance on completing	the form, note 5)
Jubilee Weekend Celebrations:	
In consultation with Police Licensing, we have addressed the following ar	eas:
<ol> <li>There will be regulated entertainment in the form of live and recorded</li> <li>SIA door staff will be employed during the event, who will monitor both</li> <li>There will be a Personal Licence Holder available at all times.</li> <li>Sound will be monitored to ensure that there is no disturbance to neigh</li> </ol>	h inside and the external garden.
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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 supply of alcohol by or on behalf of a club to, or to the order of, member of the club	a
	(See also guidance on completing the form, note 7).
☐ 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).
<b>Event Dates</b>	
There must be a period of at least 10 working days between the date you when you will be using these premises for licensable activities.	submit this form and the date of the earliest event
State the dates on which you intend to use these premises for licensable a	activities
(see also guidance on completing the form, note 9)	

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Event start date	03 / 06 / 2022 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	05 <b>/</b> 06 <b>/</b> 2022 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)		
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)  If the licensable activities will in	150 nclude the supply of alcohol, state whether the	Note that the maximum number of people cannot exceed 499.
supplies will be for consumption (see also guidance on complet)  On the premises only	on on or off the premises, or both ing the form, note 12):	
•		
<ul><li>Off the premises only</li><li>Both</li></ul>		
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RELEVANT ENTERTAINMENT	(See also guidance on completing the form	n, note 13)
State if the licensable activities	will include the provision of relevant entertain	ment. If so, state the times during the event
period that you propose to pro	ovide relevant entertainment	
Regaulated entertainment ext	ended from 15:00 to 02:00hrs on relevant dates	S.
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PERSONAL LICENCE HOLDERS	S (See also guidance on completing the form	n, note 14 <u>)</u>

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Do you currently hold a valid personal licence?	•	Yes		0	No	
Provide the details of your personal statement of the personal stateme	sonal	licence b	elow.			
Issuing licensing authority	Here	efordshire	Council			
Licence number						
Date of issue	28 dd	<b>/</b> 10 mm	<b>/</b> 2013	3		
Any further relevant details						
Section 7 of 9						
PREVIOUS TEMPORARY EVEN	IT NO	TICES (S	See also gi	uida	nce on completir	ng the 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?	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?		Yes		•	No	
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ASSOCIATES AND BUSINESS	COLL	EAGUES	(See also	gui	dance on comple	ting 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?	0	Yes		•	No	

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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?	О	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
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?	0	Yes	•	No
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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				
* 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				
$oxed{\boxtimes}$ Ticking this box indicates you have read and understood the above declaration				

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This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to	o the question "Are you an agent acting on
* Full name	Paul NEADES	
* Capacity	Licensing Consultant & Agent	
* Date	18 / 05 / 2022	
	dd mm yyyy	
	Add another signatory	
continue with your application	outer by clicking file/save as v.uk/apply-for-a-licence/temporary-event-notice/l	
OFFICE USE ONLY		
Applicant reference number	72-22	
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		
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