105023

## **Appendix A1**



## **Temporary Event Notice**

Before completing this notice, please read the guidance notes at the end of the notice. If you are completing this notice by hand, please write legibly in block capitals. In all cases, ensure that your answers are inside the boxes and written in black ink or typed. Use additional sheets if necessary. You should keep a copy of the completed notice for your records. You must send at least one copy of this notice to the licensing authority and additional copies must be sent to the chief officer of police and the local authority exercising environmental health functions for the area in which the premises are situated. The licensing authority will give to you written acknowledgement of the receipt of the notice.

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

Surname Forenames  2. Previous names (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)  Title Mr Mrs Miss Ms Other (please state)  Surname Forenames  3. Your date of birth 4. Your place of birth 5. National Insurance Number 6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Post town  Postcode  7. Other contact details	1. The personal deta	ails of premises user (Please read note 1)
Forenames  2. Previous names (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)  Title Mr Mrs Miss Ms Other (please state)  Surname  Forenames  3. Your date of birth  4. Your place of birth  5. National Insurance Number  6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Post town  Postcode  7. Other contact details	1. Your name	
Forenames  2. Previous names (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)  Title  Mr Mrs Miss Ms Other (please state)  Surname  Forenames  3. Your date of birth  4. Your place of birth  5. National Insurance Number  6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Post town  Postcode  7. Other contact details	Title	Mr Mrs Miss Ms Other (please state)
2. Previous names (Please enter details of any previous names or maiden names, if applicable.  Please continue on a separate sheet if necessary)  Title Mr Mrs Miss Ms Other (please state)  Surname  Forenames  3. Your date of birth 4. Your place of birth 5. National Insurance Number 6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Postcode  7. Other contact details	Surname	CHENAA
Please continue on a separate sheet if necessary)  Title Mr Mrs Miss Ms Other (please state)  Surname  Forenames  3. Your date of birth 4. Your place of birth 5. National Insurance Number 6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Postcode  7. Other contact details	Forenames	2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Title Mr Mrs Miss Ms Other (please state)  Surname Forenames  3. Your date of birth 4. Your place of birth 5. National Insurance Number 6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Postcode  7. Other contact details		
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3. Your date of birth 4. Your place of birth 5. National Insurance Number 6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Postcode  7. Other contact details	Surname	
4. Your place of birth 5. National Insurance Number 6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Postcode 7. Other contact details	Forenames	
5. National Insurance Number 6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Postcode  7. Other contact details	3. Your date of birt	$\mathbf{h}_{0}$
6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)  Post town  Postcode  7. Other contact details		
Post town Postcode  7. Other contact details		
Post town Postcode 7. Other contact details		
7. Other contact details	separate correspond	lence box below)
7. Other contact details		
	Post town	Postcode
Telephone numbers	7. Other contact de	tails
	Telephone number	S
Daytime	Daytime	
Evening (optional)	Evening (optional)	
Mobile (optional)	Mobile (optional)	
Fax number (optional)		nal)
E-Mail address	E-Mail address	
(if available)	(if available)	

8. Alternative address for correspondence (If address to correspond with you)	you complete the details below, we will use this
addiese to contespond wantyou)	
, fo	
	4
Post town	Postcode
9. Alternative contact details (if applicable)	,
Telephone numbers: Daytime	
Daytine	
Evening (optional)	
Mobile (optional)	7
Fax number (optional) E-Mail address	
(if available)	
2. The premises	you intend to carry on the licensable activities or, if
it has no address, give a detailed description (i (Please read note 2)	
34A ST STEPHE	-NS Road
	no acq
LeicesTer LE.	Z 166 CASBA CAFE
Does a premises licence or club premises certi	ficate have effect in relation to the premises (or any
part of the premises)? If so, please enter the li	cence or certificate number below.
Premises licence number	
Club premises certificate number	
If you intend to use only part of the premises a this notice applies, please give a description ar	at this address or intend to restrict the area to which and details below. (Please read note 3)
0	5
Please describe the nature of the premises belo	www. (Please read note 4)
SELLING CAFE + S	INECKS + CAKES+ PANINI IT + dishes
BAQUETES + Break FAS	it + dishes
Please describe the nature of the event below.	(Please read note 5)
_ , , ,	(Trease read note 3)
Extend opening he	04R FROM 16: pm - 3AM U 24/05/18 To 30/05/18

3. The licensable activities		
Please state the licensable activities that you intend to licensable activities you intend to carry on). (Please		lease tick all
The sale by retail of alcohol		
The supply of alcohol by or on behalf of a club to, o of the club	r to the order of, a member	
The provision of regulated entertainment (Please re	ead note 7)	
The provision of late night refreshment	,	/
Are you giving a late temporary event notice? (Pleas	se read note 8)	
Please state the dates on which you intend to use the activities. (Please read note 9)	ese premises for licensable	24-05-18
		20-2-18
Please state the times during the event period that yo (please give times in 24 hour clock). (Please read no		able activities
From: 16:00 Pm Til	LL 3AM	
Please state the maximum number of people at any of allow to be present at the premises during the times		ABout
licensable activities, including any staff, organisers on note 11)		200 peop
If the licensable activities will include the sale or supply of alcohol, please state whether these will	On the premises only	/
	0.00 1	
be for consumption on or off the premises, or both (please tick as appropriate). (Please read note 12)	Off the premises only	

Please state if the licensable activities will include the provision of relevant entertainment. If so, please state the times during the event period that you propose to provide relevant entertainment (including, but not limited to lap dancing and pole dancing). (Please see note 13)

NO entertainment

4. Personal licence holders (Please read note 14)		
Do you currently hold a valid personal licence?	Yes	No
(Please tick)		/
If "Yes" please provide the details of your personal licence below.	1	
Issuing licensing authority		

Licence number	ĸ	
Date of issue		
Any further relevant details		

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	Yes	No
giving this temporary event notice?		/
If answering yes, please 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:	Yes	No
a) ends 24 hours or less before; or		
b) begins 24 hours or less after		
the event period proposed in this notice?		

6. Associates and business colleagues (Please read note 16 and tick the boxes that	t.apply	to you
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 /
If answering yes, please state the total number of temporary event notices (including the number of late temporary event notices, if any) your associate(s) have given for events in the same calendar year.		
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?	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?	Yes	No /
If answering yes, please state the total number of temporary event notices (including the number of late temporary event notices, if any) your business colleague(s) have given for events in the same calendar year.		
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?	Yes	No /

7. Checklist (Please read note 17)	
I have: (Please tick the appropriate boxes, where applicable)	
Sent at least one copy of this notice to the licensing authority for the area in which the premises are situated	
Sent a copy of this notice to the chief officer of police for the area in which the premises are situated	/
Sent a copy of this notice to the local authority exercising environmental health functions for the area in which the premises are situated	/
If the premises are situated in one or more licensing authority areas, sent at least one copy of this notice to each additional licensing authority	
If the premises are situated in one or more police areas, sent a copy of this notice to each additional chief officer of police	
If the premises are situated in one or more local authority areas, sent a copy of this notice to each additional local authority exercising environmental health functions	
Made or enclosed payment of the fee for the application	/
Signed the declaration in Section 9 below	

## 8. Condition (Please read note 18)

It is a condition of this temporary event notice that where the relevant licensable activities described in Section 3 above include the sale or supply of alcohol that all such supplies are made by or under the authority of the premises user.

## 9. Declarations (Please read note 19)

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

I understand that it is an offence:

- (i) to knowingly or recklessly make a false statement in or in connection with this temporary event notice and that a person is liable on summary conviction for such an offence to a fine of any amount; and
- (ii) to permit an unauthorised licensable activity to be carried on at any place and that a person is liable on summary conviction for any such offence to a fine of any amount, or to imprisonment for a term not exceeding six months, or to both.

Signature	
Date	0/ 105/ 18
Name of Person signing	SIP CHENAA

For completion by the licensing authority

10. Acknowledg	gement (Please read note 20)
I acknowledge re	eceipt of this temporary event notice.
Signature	
	On behalf of the licensing authority
Date	14.2 14.
Name of Officer signing	