## **PERIOD 3**



Portsmouth
Temporary Event Notice
Licensing Act 2003

For help contact <u>Licensing@portsmouthcc.gov.uk</u>

Telephone: 023 9283 4073

\* required information

Section 1 of 9		
You can save the form at any t	ime and resume it later. You do not need to 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	Oktoberfest 2020 - Period 3	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  O Yes  • N		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	Jill	
* Family name	Norman	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
<ul><li>Applying as a business of Applying as an individual</li></ul>	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 means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
Is your business registered in the UK with Companies House?	Yes	Note: completing the Applicant Business section is optional in this form.
Registration number		
Business name	Billy Manning Ltd	If your business is registered, use its registered name.
VAT number GB		Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	

Continued from previous page		
Your position in the business	Director	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
Building number or name	Wilshers	
Street	Suite D ,7 Sylvan court	
District	Sylvan Way	
City or town	Southfields Business Park	
County or administrative area	Essex	
Postcode	SS156TH	
Country	United Kingdom	
Section 2 of 9		
APPLICATION DETAILS (See a	also guidance on completing the form, gener	ral notes and note 1)
Have you had any previous or	maiden names?	
<ul><li>Yes</li></ul>	○ No	
5 · 1 · 1 · 6 · ·		
Enter details of any previous na	ames or maiden names	1
First name	Jill	
Family name		
	Add another previous name	]
* Your date of birth	dd mm yyyy	Applicant must be 18 years of age or older
National Insurance number		This box need not be completed if you are an individual not liable to pay UK national insurance.
Place of birth		

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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 from section one, or amend them as
○ Yes	<ul><li>No</li></ul>	required. Select "No" to enter a completely new set of details.
Building number or name	Clarence Pier	
Street		
District	Southsea	
City or town	Portsmouth	
County or administrative area	Hants	
Postcode	PO53AA	
Country	United Kingdom	
<b>Additional Contact Details</b>		
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
Yes	○ No	from section one, or amend them as 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 Give the address of the premis	ve notice under section 100 of the Licensing Acced below. es where you intend to carry on the licensable anance Survey references). (See also guidance o	activities or if it has no address give a detailed
* Does the premises have an ac	ddress?	
<ul><li>Yes</li></ul>	○ No	

Continued from previous page					
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			
○ Yes	from section one, or amend them as required. Select "No" to enter a complet new set of details.				
* Building number or name	Clarence Pier				
* Street	Clarence Parade				
District	Southsea				
* City or town	Portsmouth				
County or administrative area	Hants				
* Postcode	PO53AA				
* Country	United Kingdom				
to the premises (or any part of  Neither Premise  Location Details  Provide further details about  The event is held within the be Solent Wheel, which is due to  If you intend to use only part of	the location of the event  oundary of the Clarence Pier Amusement Park, be removed prior to the start date of this even	rict the area to which this notice applies, give a			
Describe the nature of the prei	mises below <u>(see also guidance on completing</u>	the form, note 4)			
1	e existing concrete Clarence Pier deck, which voor seating area, along the north perimeter of t				
Describe the nature of the ever	nt below (see also guidance on completing the	e form, note 5)			
weekends in October and the simple selection of German Be	nanaged, pre-booked, small 'Oktoberfest' even October Holiday. Guests will be encouraged to eers & assosciated authentic German Foods (W n selected days. Statutory security & safety pro	urst, Pretzels etc). will be offered, alongside			

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Section 4 of 9		
LICENSABLE ACTIVITIES		
State the licensable activities the (see also guidance on complet)  The sale by retail of alcohological controls.		
The sale by retail of alcon	OI	
The supply of alcohol by member of the club	or on behalf of a club to, or to the order of, a	
☐ The provision of regulate	d entertainment	(See also guidance on completing the form, note 7).
☐ The provision of late nigh	it refreshment	
☐ The giving of a late temp	orary 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>		
	ast 10 working days between the date you subroremises for licensable activities.	mit this form and the date of the earliest event
State the dates on which you in	ntend to use these premises for licensable activ	ities
(see also guidance on complet	ing the form, note 9)	
Event start date	27 / 10 / 2020 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	01 / 11 / 2020 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)	499	Note that the maximum number of people cannot exceed 499.

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	or clude the supply of alcohol, state whether the on on or off the premises, or both
On the premises only	ing the form, note 12).
0.0%1	
. ,	
Both	
Section 5 of 9	
RELEVANT ENTERTAINMENT	(See also guidance on completing the form, note 13)
State if the licensable activities period that you propose to pro	will include the provision of relevant entertainment. If so, state the times during the event vide relevant entertainment
Section 6 of 9	
PERSONAL LICENCE HOLDERS	(See also guidance on completing the form, note 14)
personal licence?	
Provide the details of your pers	onal licence below.
Issuing licensing authority	Winchester CC
Licence number	502
Date of issue	17 / 05 / 2006
Any further relevant details	dd mm yyyy
Section 7 of 9	
PREVIOUS TEMPORARY EVEN	T NOTICES (See also guidance on completing 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?	○ Yes

Continued from previous page					
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?	0	Yes	(	•	No
Section 8 of 9					
ASSOCIATES AND BUSINESS	COLI	LEAGUES	(See also g	uic	lance 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?	0	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 b) Begins 24 hours or less after the event period proposed in this notice?	0	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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# Section 9 of 9 CONDITION It is a condition

# 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
- \* I understand 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 an unlimited fine, or to imprisonment for a term not exceeding six months, or to both
  - Ticking this box indicates you have read and understood the above declaration

mm

Jill Norman

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

Director 20 / 08 / 2020

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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...

dd

2. Go back to <a href="https://www.gov.uk/apply-for-a-licence/temporary-event-notice/portsmouth/apply-1">https://www.gov.uk/apply-for-a-licence/temporary-event-notice/portsmouth/apply-1</a> 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	Oktoberfest 2020 - Period 3
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	
1 <u>2</u> <u>3</u> <u>4</u>	<u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> Next >