



**West Oxfordshire
Temporary Event Notice
Licensing Act 2003**

For help contact
ers@westoxon.gov.uk
Telephone: 01993 861000

* 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? Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Yes No

Applicant Details

* First name

* Family name * E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if you

would prefer not to be contacted by telephone Are you:

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 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 Yes No Note: completing the Applicant Business the UK with Companies section is optional in this form.

House?

Registration number

Business name registered name.

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

Legal status

If your business is registered, use its

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Your position in the business

DIRECTOR

United Kingdom

The country where the headquarters of your

Home country business is located.

Registered Address

Address registered with Companies House.

Building number or name

5 GILES CENTRE

Street

ALVESCOT ROAD

District

City or town

CARTERTON

County or administrative area

OXON

Postcode

OX18 3DH

Country

United Kingdom

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

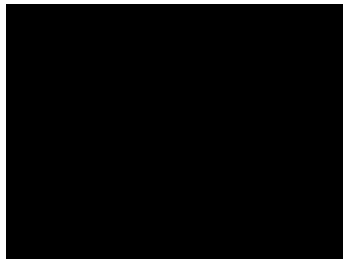
Have you had any previous or maiden names?

Yes

No

* Your date of birthApplicant

must be 18 years of age or older



This box need not be completed if you are an

National Insurance number

individual not liable to pay UK national insurance. Place of birth

Correspondence Address

Yes No required. Select "No" to enter a completely new set of details.

5 GILES CENTRE

ALVESCOT ROAD

CARTERTON

OXON

OX18 3DH

United Kingdom

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

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Continued from previous page...

Additional Contact Details

Yes No

required. Select "No" to enter a completely new set of 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

E-mail

Telephone number

Other telephone number

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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

Address

Yes No

required. Select "No" to enter a completely new set of details.

5 GILES CENTRE

ALVESCOT ROAD

CARTERTON

OXON

OX18 3DH

United Kingdom

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

* 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

* Premises licence number

Location Details

* Provide further details about the location of the event

WITHIN THE BAR & OUTSIDE

Continued from previous page...

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](#))

LICENSED BAR

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

Additional late night opening hours on Thursday 7th October, Friday 8th October and Saturday 9th October

Live music on Friday night and DJs on Friday and Saturday. . Last orders on Friday and Saturday to be 00:30 with closing at 01:00

Guests to be moved inside from 11pm onwards with extended outside area collapsed down into 6 tables to remain in use in the close area outside of the premises under the tent to act as a smoking area until last orders Doorstaff to be present on all evenings.

Drug measures in place inline with a zero tolerance position.

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LICENSABLE ACTIVITIES

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Event end date

10	/	10	/	2011
dd		mm		yyyy

State the times during the event period that you propose to carry on licensable activities (give times in 24 hour clock)

[\(see also guidance on completing the form, note 10\)](#)

17:00 on Thursday 7th October until 1:00 on Friday 8th October
16:00 on Friday 8th October until 01:00 on Saturday 9th October
12:00 on Saturday 9th October until 01:00 on Sunday 10th October

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 cannot exceed 499. activities, [\(see also guidance on completing the form, note 11\)](#)

100

Note that the maximum number of people intend to carry on licensable including any staff, organisers or performers [\(see also guidance on](#)

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

There will be a live solo performer with their own amp on Friday 8th , with their sound level set below the required level A DJ will play on both evenings upstairs, with their sound levels also set below the required level.

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

Do you currently hold a valid Yes No personal licence?

Provide the details of your personal licence below.

Issuing licensing authority

WEST OXON COUNCIL

Continued from previous page... Licence number

PL/728

Date of issue

30 / 05 / 2008
dd mm yyyy

Any further relevant details

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PREVIOUS TEMPORARY EVENT 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 Yes No calendar year as the event for which you are now giving this temporary event notice?

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 Yes
 No less before; or
- 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 Yes No event for which you are now giving a temporary event notice?

Continued from previous page...

Has any associate of yours already given a temporary event notice for the same premises in which the event

period: YesNo a) Ends 24 hours or 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 YesNo 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 YesNo period: 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
- * I understand that it is an offence:

* (liable on summary conviction for such an offence to a fine of any amount; and) to knowingly or recklessly make a false statement in connection with this temporary event notice and that a person is

(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 (6) months, or to both.

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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/west-oxfordshire/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"/>
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"/>

