

EW Ten/00557/17



Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

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

1 The personal details of premises user (Please read note 1)	
1 Your name	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Other (please state)
Surname	NOBLE
Forenames	RACHEL & JESSICA
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 <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> 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)	
[Redacted]	
Post town	[Redacted]
7 Other contact details	
Telephone numbers	
Daytime	[Redacted]
Evening (optional)	[Redacted]
Mobile (optional)	[Redacted]
FAX NUMBER (optional)	
E-Mail Address (if available)	

ENTERTAINMENT LICENSING

04 MAR 2017

RECEIVED

8 Alternative address for correspondence (if you complete the detail below we will use this address to correspond with you)	
Post town	Post code
9 Alternative contact details (if applicable)	
Telephone numbers	/
Daytime	
Evening (optional)	
Mobile (optional)	
FAX NUMBER (optional)	
E-Mail Address (if available)	

2 The premises	
Please 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) (Please read note 2)	
PREMIER, BANQUETING, LEEDS, LS9 7TZ, STONEY ROCK LANE	
Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)? If so please enter the licence or certificate number below	
Premises licence number	/
Club premises certificate number	
If you intend to use only part of the premises at this address or intend to restrict the area to which this notice applies please give a description and details below (Please read note 3)	
ALL OF THE PREMISES	
Please describe the nature of the premises below (Please read note 4)	
SPACIOUS EVENT VENUE WITH 2 SUITES FOR WEDDING AND SPECIAL OCCASION HIRE CAPACITY OF 800 GUESTS	
Please describe the nature of the event below (Please read note 5)	
WEDDING WITH CASH BAR	

3 The licensable activities

Please state the licensable activities that you intend to carry on at the premises (please tick all licensable activities you intend to carry on) (Please read note 6)

The sale by retail of alcohol	<input checked="" type="checkbox"/>
The supply of alcohol by or on behalf of a club to or to the order of a member of the club	<input type="checkbox"/>
The provision of regulated entertainment	<input checked="" type="checkbox"/>
The provision of late night refreshment	<input type="checkbox"/>
Are you giving a late temporary event notice? (Please read note 7)	<input type="checkbox"/>

Please state the dates on which you intend to use these premises for licensable activities (Please read note 8)

SATURDAY 27th MAY 2017

Please state the times during the event period that you propose to carry on licensable activities (please give times in 24 hour clock) (Please read note 9)

12:00 - 23:59 CASH BAR

Please 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 (Please read note 10)

250

If the licensable activities will include the supply of alcohol please state whether the supplies will be for consumption on or off the premises or both (please mark an "X" next to the appropriate box) (Please read note 11)	On the premises only	<input checked="" type="checkbox"/>
	Off the premises only	<input type="checkbox"/>
	Both	<input type="checkbox"/>

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 (Please read note 12)

★ DJ throughout 12 00 - 23 59

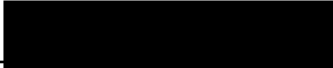
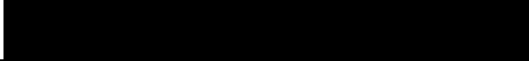
4 Personal licence holders (Please read note 13)		
Do you currently hold a valid personal licence? (Please tick)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please provide the details of your personal licence below		
Issuing licensing authority		
Licence number		
Date of issue		
Any further relevant details		

5 Previous temporary event notices you have given (Please read note 14 and tick the boxes that apply to you)		
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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	3	
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

6 Associates and business colleagues (Please read note 15 and tick the boxes that 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

7 Checklist (Please read note 16)	
I have (Please tick the appropriate boxes)	
Sent at least one copy of this notice to the licensing authority for the area in which the premises are situated	<input checked="" type="checkbox"/>
Sent a copy of this notice to the chief officer of police for the area in which the premises are situated	<input checked="" type="checkbox"/>
Sent a copy of this notice to the local authority exercising environmental health functions for the area in which the premises are situated	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
If the premises are situated in one or more police areas sent a copy of this notice to each additional chief officer of police	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Made or enclose payment of the fee for the application	<input checked="" type="checkbox"/>
Signed the declaration in Section 9 below	<input checked="" type="checkbox"/>

8 Condition Please read note 17
It is a condition of this temporary event notice that where the relevant licensable activities described in Section 3 above include the supply of alcohol that all such supplies are made by or under the authority of the premises user

9 Declarations Please read note 18
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 a fine not exceeding £20 000 or to imprisonment for a term not exceeding six months or to both
SIGNATURE 
DATE 22 / 02 / 2017
Name of Person signing 

For completion by the licensing authority

10 Acknowledgement (Please read note 19)
I acknowledge receipt of this temporary event notice
SIGNATURE On behalf of the Licensing Authority
DATE
Name of officer signing