

Harrow Council Application for a Temporary Event Notice Licensing Act 2003

For help contact licensing@harrow.gov.uk Telephone: 0208 901 2600

* required information

Section 1 of 8		
You can save the form at	any time and resume it later. You do not need to b	e logged in when you resume.
System reference		This is the unique reference for this application generated by the system.
Your reference	Dooey's	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
	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.
Applicant Details		
* First name	June	
* Family name	Burrell	
* 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 busin	ness or organisation, including as a sole trader	A sole trader is a business owned by one
Applying as an indi	vidual	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.
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Continued from previous page		
Your Address		Address official correspondence should be sent to.
* Building number or name		Selit to.
* Street		
District		
* City or town		
County or administrative area		
* Postcode		T in the second
* Country		
The information given here w will be pre-filled in future form		
		200 mm - 1
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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?	1
C Yes	No	
* Your date of birth		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		1
Correspondence Address Is the address the same as (or Yes	similar to) the address given in	fection one? If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.
Building number or name		ı
Street		
District		
City or town		r
County or administrative area		
Postcode		
Country		

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Additional Contact Details		
Are the contact details the sar	me as (or similar to) those given in section one?	•
(€ Yes	C No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
É-mail		
Telephone number		
Other telephone number		
Section 3 of 8		
THE PREMISES	77.74	
activity at the premises descril Give the address of the premis	ses where you intend to carry on the licensable a	activities or if it has no address give a detailed
<u> </u>	Inance Survey references). (See also guidance o	on completing the form, note 2)
* Does the premises have an a	ddress?	
(Yes	C No	
Address		
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
← Yes	No No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name	Dooey's Bar & Restaurant	
* Street	41 - 43 Station	
District	Harrow	
* City or town	London	
County or administrative area		
* Postcode	HA1 2UA	
* Country	United Kingdom	
Location Details	ı	
* Provide further details about	the location of the event	
Station Road, Harrow		
	of the premises at this address or intend to restri (see also guidance on completing the form, not	

Describe the nature of the premises below (see also guidance on completing the form, note 4)

Continued from previous page	1
Restaurant and bar	
Describe the nature of the event below (see also guidance on completing the	form, note 5)
70's & 80's Soul Reunion Party	
Section 4 of 8	
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 sale by retail of alcohol	
The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club	
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The provision of late night refreshment	
State the dates on which you intend to use these premises for licensable activities (see also guidance on completing the form, note 7)	The maximum period for using premises for licensable activities under the authority of a temporary event notice is 96 hours (four days).
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 8)	
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 9)	Note that the maximum number of people cannot exceed 499.

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	nclude the supply of alcohol, state whether the
	on on or off the premises, or both
(see also guidance on comple	ing the form, note 10):
 On the premises only 	
○ Off the premises only	
€ Both	
Section 5 of 8	
	S (See also guidance on completing the form, note 11)
Do you currently hold a valid personal licence?	
Provide the details of your per	sonal licence below.
Issuing licensing authority	Brent Council
Licence number	
Date of issue	28 / 07 / 2011
1	dd mm yyyy
Date of expiry	28 / 07 / 2021
, ,	dd mm yyyy
Any further relevant details	
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Section 6 of 8	
PREVIOUS TEMPORARY EVEN	T NOTICES (See also guidance on completing the form, note 12)
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	← Yes
which you are now giving this	
temporary event notice?	
Hara and almost at an a	
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	C Yes • No
b) Begins 24 hours or less	
after the event period	
proposed in this notice?	i
Section 7 of 8	

Continued from previous page					ASSOCIATES AND BUSINESS COLLEAG	GUES
(See also guidance on comple	ting	the for	m, note <u>13)</u>			1
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?	C	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?	C	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		ı
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		i
Section 8 of 8						
CONDITION						
include the supply of alcohol t (See also guidance on comple	that a	all such	supplies are mad		nt licensable activities described in Section 4 abounder the authority of the premises user.	ve '
PAYMENT DETAILS						
			ou complete the a	applicatio	n online, you must pay it by debit or credit card.	
This formality requires a fixed	fee o	of £21				
ATTACHMENTS						
PROMOTION EVENT RISK ASS	ESSN	MENT FO	DRM 696	electror	ic	

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DECLARATION	
* The information conta	nined in this form is correct to the best of my knowledge and belief
* I understand that it is	an offence:
(i) to knowingly or recl	klessly make a false statement in connection with this temporary event notice and that a person is or such an offence to a fine up to level 5 on the standard scale; and
* (ii) to permit an unaut any such offence to a f	horised licensable activity to be carried on at any place and that a person is liable on conviction for fine not exceeding £20,000, 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
1	
This section should be obehalf of the applicant?	completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on "
* Full name	Miss June Angela Burrell
* Capacity	170
* Date	16 / 04 / 2012
!	dd mm yyyy
	Add another signatory
This section should be obehalf of the applicant?	completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on "
Digital signature	You can digitally sign the form if you wish, this will be verified and passed to the
14D	authority.
-	that you have completed the form correctly, save it and continue with the application process. If the in is no longer available in your browser, <u>click here</u> to resume.

OFFICE USE ONLY	t.	i
Applicant reference number		
Fee paid		i
Payment provider reference		ı
ELMS Payment Reference		
Payment status		
Payment authorisation code		ı
Payment authorisation date		
Date and time submitted		
Approval deadline		
Error message		
Is Digitally signed	,	

