

Temporary Event Notice

Important new legislation on COVID-19 available [here](#).

Information on the Licensing Act 2003 is available [here](#).

Before completing this form [please read the guidance notes](#).

You may wish to keep a copy of the completed form for your records.

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.

Personal Details <i>(Please read note 1)</i>			
Your name			
Title	Forenames	Surname	
Mr	James	Quayle	
Previous names <i>(if relevant)</i>			
Have you used any previous names?	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you used any other previous names?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you used any other previous names?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Your date of birth	[REDACTED]		
Your place of birth	Manchester		
National Insurance No.	[REDACTED]		

Your current address (We will use this address to correspond with you unless you complete the separate correspondence box on the next page)	
X	
[Redacted Address]	
Other contact details	
Telephone numbers	
Daytime telephone	[Redacted]
Evening telephone (optional)	
Mobile telephone (optional)	
Fax number (optional)	
Email address	[Redacted]

Alternative address for correspondence (<i>Address for correspondence associated with this application, if different to the previous address</i>)	
Alternative contact details (<i>if applicable</i>)	
Telephone numbers	
Daytime (optional)	
Evening (optional)	
Mobile (optional)	
Fax number (optional)	
Email address (optional)	

The Premises	
Please select the address of the premises where you intend to carry out the licensable activities. If there is no address, please select the street record in the address lookup and supply further details of the location (including ordnance Survey references) (Please read note 2)	
<p>Biggins Farm Green Haworth BB5 3SL</p> <p style="text-align: center;">s</p>	
Trading name	Brother's In Beer Bar Hire and Events
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	
Additional address information	

Do you intend to use the whole of the premises at this address (Please read note 3) Yes No

Please give a description and details below

Please describe the nature of the premises below (Please read note 4).

The premises is one of the walled fields of Biggins farm

Please describe the nature of the event below (Please read note 5).

By the same team as the Dreaming Of Bedlam event. It's a ticketed event with security on the gate checking tickets and monitoring the attendees. This is an event celebrating 80/90s house music, the general demographic is people aged 25-60

The Licensable Activities		
Please state the licensable activities that you intend to carry on at the premises (Please mark an "X" next to the licensable activities you intend to carry on - either double click with the mouse, or press the space bar in the relevant field) (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"/>
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 read note 12)	On the premises	<input checked="" type="checkbox"/>
	Off the premises	<input type="checkbox"/>
	Both	<input type="checkbox"/>
The provision of regulated entertainment (Please read note 7)		<input checked="" type="checkbox"/>
The provision of late night refreshment		<input type="checkbox"/>
Are you giving a late temporary event notice? (Please read note 8)		<input type="checkbox"/>

Please state the date and times on which you intend to use these premises for licensable activities (please read note 9).							
Please give times in 24-hour clock. e.g. 19:00.							
Start Date	04/05/2024	Time	17:00	End Date	05/05/2024	Time	00:30
Please state the times during the event period that you propose to carry on licensable activities. Please give times in 24-hour clock. e.g. 19:00 (please read note 10).				17:00 - 00:30			
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 11)						499	

State if the licensable activities will include the provision of relevant entertainment. Note: **Relevant Entertainment** is defined as any live performance or any live display of nudity etc.

If you are applying for the relevant entertainment activity, please state the times during the event period that you propose to provide the relevant entertainment. (Please read note 13)

17:00-00:30

Personal Licence Holders <i>(Please read note 14)</i>	
Do you currently hold a valid personal licence?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide the details of your personal licence below.	
Issuing licencing authority	
Licence number	
Date of issue	
Date of expiry	
Any further relevant details	

Previous Temporary Event Notices you have given <i>(Please read note 15)</i>		
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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Please state the number of temporary event notices you have given for events in the 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 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"/>

Associates and business colleagues		
Has any associate of yours given a temporary event notice 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"/>
Please state the total number of temporary event notices 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 4 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"/>
Please state the total number of temporary event notices 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"/>

Condition <i>(Please read note 18)</i>
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.

Custom Process Configuration

XML Specific

Application type	
Licence Case Type	
Licence Status	
XML Template	TEN
CAPS Reference	ZZLO00000609

Payments request

CallingAppID	
CallingAppRef	
PaymentSourceCode	

Response response

PaymentAuthorisationCode	
IncomeManagementReceiptNumber	
Originators Reference	
CardScheme	
CardType	
PaymentAmount	
ResponseCode	
ResponseDescription	
Number of payment lines	
Process ID From External	

Payment 1

Receipt Number	
DueDate	
PaymentType	
Pay Description	Temporary Event Notice
XML Description	Temporary Event Notice
PaymentDue	
Paid	
Payment Date	
Fund	Z1
Reference	YF2NDB10N98

Form Calculations

Title Casing	
Sentence Casing	
UPRN for address lookup	
Boolean to "hide" page	<input type="checkbox"/>
Form Reference	
User Classification	
Bank holiday array population	
Boolean to activate page numbers	<input type="checkbox"/>

Field for fee array

Licence Lookup

Licence Lookup

Other Custom Calculations

Calculation for late ten		App Day Tel:	
Calculation for licensable activities		App Eve Tel:	
Number of Days TEN Covers	1	App Mobile:	
Subject Line for Email Out		App Fax:	
Body for Internal Email		App Email:	
Body for External Email		Agnt Day Tel:	
Start Date in XML format		Agnt Eve Tel:	
End Date in XML Format		Agnt Mobile:	
Hours the TEN covers		Agnt Fax:	
DOB		Agnt Email:	
Customer Email Acknowledgment		TEN Notice:	

Declarations <i>(Please read note 19)</i>	
<p>The information contained in this form is correct to the best of my knowledge and belief.</p> <p>I understand that it is offence:</p> <p>To knowingly or recklessly make a false statement 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</p> <p>To permit an unauthorised licensable activity to be carried on at any place an that a person is liable on 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.</p>	
Please tick the box if you agree with the declarations above <input checked="" type="checkbox"/>	
Date	13/01/2024
Name of person signing	Mr James Quayle

