

## CENTRAL BEDFORDSHIRE COUNCIL

## 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 two copies 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 checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)		
Surname	RYDER		
Forenames	ASHLEY		
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	Day 5	Month 3	Year 1986
4. Your place of birth	ROCHFORD, ESSEX		
5. National Insurance Number	JJ 86 73 92 A		
6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)			
THE TOP BELL 10 MARKET SQUARE			
Post town	LEIGHTON BUZZARD		Postcode
			LU7 1EY
7. Other contact details			
Telephone numbers			
Daytime	01525 377778		
Evening (optional)			
Mobile (optional)			
Fax number (optional)			
E-Mail address (if available)	ashley.ryder@yahoo.co.uk		
8. Alternative address for correspondence (If you complete the details below, we will use this address to correspond with you)			
Post town			Postcode

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)

THE TOP BELL  
10 MARKET SQUARE  
LEIGHTON BUZZARD  
BD5  
LOT 161

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                      013 843

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)

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

PUBLIC HOUSE

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

EXTEND OPENING HOURS TO INCLUDE 11PM-3AM TO GIVE US THE OPTION OF STAYING OPEN LONGER. WE WILL ALSO HAVE THE OPTION OF OPENING EARLIER TO GIVE NIGHT SHIFT WORKERS A PLACE TO DRINK DURING CHRISTMAS..

IN THE EVENT WE DECIDE TO STAY OPEN LATER WE WILL INCREASE SECURITY AND BE VIGILANT AS TO THE CONDTION OF THE PEOPLE WE LET IN.

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 checked="" 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)	
27.12.12 - 2.1.13	
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)	
04:00 - 09:00 02:00 - 04:00 ON MONDAYS	
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)	150
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 tick as appropriate). (Please read note 11)	On the premises only <input checked="" type="checkbox"/>
	Off the premises only <input type="checkbox"/>
	Both <input type="checkbox"/>

4. Personal licence holders (Please read note 12)	
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	CENTRAL BGS
Licence number	022829
Date of issue	7/11/2010
Date of expiry	7/11/2020
Any further relevant details	

5. Previous temporary event notices you have given (Please read note 13 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 type="checkbox"/>	No <input checked="" 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		
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 14 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 15)	
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 ( <b>Central Bedfordshire Council, Licensing Team, Watling House, High Street North, Dunstable, Beds LU6 1LF</b> )	<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 ( <b>Chief Officer of Police, c/o Police Licensing Officer, County Police Office, West Street, Dunstable, Beds LU6 1SJ</b> )	<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 ( <b>Duty Officer, Pollution Team, Public Protection, Priory House, Monks Walk, Chicksands, Shefford SG17 5TQ</b> )	<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 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 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 type="checkbox"/>
Made or enclosed 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 16)


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 17)

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 or in connection with this temporary event notice and that a person is liable on summary conviction for such an offence to a fine not exceeding 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 summary 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	1.12.12
Name of Person signing	WASTLEY RYDER

For completion by the licensing authority

### 10. Acknowledgement (Please read note 18)

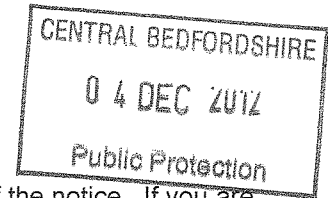
I acknowledge receipt of this temporary event notice.

Signature	On behalf of the licensing authority
Date	
Name of Officer signing	

Appendix A

## CENTRAL BEDFORDSHIRE COUNCIL

## 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.

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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 checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)		
Surname	RYDER		
Forenames	ASHLEY		
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	Day 5	Month 3	Year 1986
4. Your place of birth	ROCHFORD, ESSEX		
5. National Insurance Number	JJ 86 73 92 A		
6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)			
THE TOP BELL 10 MARKET SQUARE			
Post town	LEIGHTON BUZZARD		Postcode LU7 1EY
7. Other contact details			
Telephone numbers	01525 377778		
Daytime			
Evening (optional)			
Mobile (optional)			
Fax number (optional)			
E-Mail address (if available)	ashley.ryder@yahoo.co.uk		
8. Alternative address for correspondence (If you complete the details below, we will use this address to correspond with you)			
Post town			Postcode

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)

THE TUD BELL  
10 MARKET SQUARE  
LEIGHTON BUZZARD  
BEDS  
LOT 167

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                      013845

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)

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

PUBLIC HOUSE

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

EXTEND OPENING HOURS TO INCLUDE 4AM-9AM TO  
GIVE W THE OPTION OF STAYING OPEN LONGER.  
WE WILL ALSO HAVE THE OPTION OF OPENING EARLIER  
TO GIVE NIGHT SHIFT WORKERS A PLACE TO DRINK  
DURING CHRISTMAS.

IF IN THE EVENT WE DECIDE TO STAY OPEN LATER WE  
WILL INCREASE SECURITY AND BE VIGILANT AS TO  
THE CONDITION OF THE PEOPLE WE LET IN,

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 checked="" 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)		
19.12.12 - 25.12.12		
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)		
04:00 - 09:00 02:00 - 09:00 ON MONDAYS		
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)		
150		
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 tick as appropriate). (Please read note 11)	On the premises only	<input checked="" type="checkbox"/>
	Off the premises only	<input type="checkbox"/>
	Both	<input type="checkbox"/>

4. Personal licence holders (Please read note 12)	
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	CENTRAL 8605
Licence number	022829
Date of issue	7.11.2010
Date of expiry	7.11.2020
Any further relevant details	



5. Previous temporary event notices you have given (Please read note 13 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
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7. Checklist (Please read note 15)	
I have (Please tick the appropriate boxes)	
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Sent a copy of this notice to the chief officer of police for the area in which the premises are situated ( <b>Chief Officer of Police, c/o Police Licensing Officer, County Police Office, West Street, Dunstable, Beds LU6 1SJ</b> )	<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 ( <b>Duty Officer, Pollution Team, Public Protection, Priory House, Monks Walk, Chicksands, Shefford SG17 5TQ</b> )	<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 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 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 type="checkbox"/>
Made or enclosed 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 16)**  
 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 17)**

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Signature	
Date	1.12.12
Name of Person signing	ASHLEY KYOER

For completion by the licensing authority

**10 Acknowledgement (Please read note 18)**

I acknowledge receipt of this temporary event notice.

Signature	On behalf of the licensing authority
Date	
Name of Officer signing	