

## 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              |                   |                  |
| Surname                                                                                                                                         | <div></div>     |                   |                  |
| Forenames                                                                                                                                       | <div></div>     |                   |                  |
| 2. Previous names (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary) |                 |                   |                  |
| Title                                                                                                                                           |                 |                   |                  |
| Surname                                                                                                                                         |                 |                   |                  |
| Forenames                                                                                                                                       |                 |                   |                  |
| 3. Your date of birth                                                                                                                           | Day <div></div> | Month <div></div> | Year <div></div> |
| 4. Your place of birth                                                                                                                          | <div></div>     |                   |                  |
| 5. National Insurance Number                                                                                                                    | <div></div>     |                   |                  |
| 6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)             |                 |                   |                  |
| <div></div>                                                                                                                                     |                 |                   |                  |
| Post town <div></div>                                                                                                                           |                 |                   |                  |
| Postcode <div></div>                                                                                                                            |                 |                   |                  |
| 7. Other contact details                                                                                                                        |                 |                   |                  |
| Telephone numbers                                                                                                                               |                 |                   |                  |
| Daytime                                                                                                                                         | <div></div>     |                   |                  |
| Evening (optional)                                                                                                                              |                 |                   |                  |
| Mobile (optional)                                                                                                                               |                 |                   |                  |
| Fax number (optional)                                                                                                                           |                 |                   |                  |
| E-Mail address (if available)                                                                                                                   | <div></div>     |                   |                  |
| 8. Alternative address for correspondence (If you complete the details below, we will use this address to correspond with you)                  |                 |                   |                  |

|                                                |                     |
|------------------------------------------------|---------------------|
| [REDACTED]                                     |                     |
| Post town                                      | Postcode [REDACTED] |
| 9. Alternative contact details (if applicable) |                     |
| Telephone numbers:<br>Daytime                  | [REDACTED]          |
| Evening (optional)                             |                     |
| Mobile (optional)                              |                     |
| Fax number (optional)                          |                     |
| E-Mail address<br>(if available)               | [REDACTED]          |

|                                                                                                                                                                                                                         |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 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)<br>(Please read note 2) |          |
| STEVENAGE WINTER WONDERLAND, STEVENAGE LEISURE PARK CAR PARK, STEVENAGE, SG1 2UA                                                                                                                                        |          |
| 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                                                                                                                                                                                                 | SBCL0283 |
| Club premises certificate number                                                                                                                                                                                        | N/A      |
| 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)                           |          |
|                                                                                                                                                                                                                         |          |

Restricted to area as delineated in licensing act premises licence.  
TEN is subject to the same licence conditions.

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

Winter wonderland event in car park - extended event duration

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

The TEN has been applied for as the event is planned to continue through to February mid term. The conditions on the licence restrict the dates.

### 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

X

The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club

|                                                                                                                                                                                                                                                           |                       |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----|
| The provision of regulated entertainment (Please read note 7)                                                                                                                                                                                             |                       |     |
| The provision of late night refreshment                                                                                                                                                                                                                   |                       |     |
| Are you giving a late temporary event notice? (Please read note 8)                                                                                                                                                                                        |                       |     |
| Please state the dates on which you intend to use these premises for licensable activities. (Please read note 9)                                                                                                                                          |                       |     |
| 30 <sup>th</sup> Jan to 01st Feb 2026                                                                                                                                                                                                                     |                       |     |
| 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 10)                                                                                             |                       |     |
| 10:00-22:00                                                                                                                                                                                                                                               |                       |     |
| 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 |
| If the licensable activities will include the sale or supply of alcohol, please state whether these will be for consumption on or off the premises, or both (please tick as appropriate). (Please read note 12)                                           | On the premises only  | x   |
|                                                                                                                                                                                                                                                           | Off the premises only |     |
|                                                                                                                                                                                                                                                           | Both                  |     |

|                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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 (including, but not limited to lap dancing and pole dancing). (Please see note 13)</p> <p>Not Applicable.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 4. Personal licence holders (Please read note 14)                    |          |    |
|----------------------------------------------------------------------|----------|----|
| Do you currently hold a valid personal licence?<br>(Please tick)     | Yes<br>x | No |
| If "Yes" please provide the details of your personal licence below.  |          |    |
| Issuing licensing authority                                          |          |    |
| PERSONAL LICENCE NUMBER: [REDACTED]<br>ISSUING AUTHORITY: [REDACTED] |          |    |

| 5. Previous temporary event notices you have given (Please read note 15 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<br>x                        | No      |
| 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                                 | 2                               |         |
| Have you already given a temporary event notice for the same premises in which the event period:<br>a) ends 24 hours or less before; or<br>b) begins 24 hours or less after<br>the event period proposed in this notice? | Yes<br><input type="checkbox"/> | No<br>X |

| 6. Associates and business colleagues (Please read note 16 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<br><input type="checkbox"/> | No<br>X |
| 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:<br>a) ends 24 hours or less before; or<br>b) begins 24 hours or less after<br>the event period proposed in this notice?                                                     | Yes<br><input type="checkbox"/> | No<br>X |
| 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<br><input type="checkbox"/> | No<br>X |
| 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:<br>a) ends 24 hours or less before; or<br>b) begins 24 hours or less after<br>the event period proposed in this notice? | Yes<br><input type="checkbox"/> | No<br>X |

| 7. Checklist (Please read note 17)                                                                                                                                         |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| I have: (Please tick the appropriate boxes, where applicable)                                                                                                              |                            |
| Sent at least one copy of this notice to the licensing authority for the area in which the premises are situated                                                           | x <input type="checkbox"/> |
| Sent a copy of this notice to the chief officer of police for the area in which the premises are situated                                                                  | x <input 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                                | x <input 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 type="checkbox"/>   |
| Signed the declaration in Section 9 below               | x <input type="checkbox"/> |

#### 8. Condition (Please read note 18)

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

#### 9. Declarations (Please read 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:

(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 of any amount; 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 of any amount, or to imprisonment for a term not exceeding six months, or to both.

*Signature*

Date

Name of Person signing

[Redacted]

[Redacted]

– Authorised Agent

For completion by the licensing authority

#### 10. Acknowledgement (Please read note 20)

I acknowledge receipt of this temporary event notice.

Signature

On behalf of the licensing authority

Date

Name of Officer signing