

## The Licensing Partnership Temporary Event Notice

Sevenoaks District Council, Tunbridge Wells Borough Council, Maidstone Borough Council and London Borough of Bexley have a Licensing Partnership to process and issue licensing applications.

Licensing Officers are located at each local licensing authority, together with admin support to deal with people visiting the Gateways and Tunbridge Wells Town Hall.

Thank you for using the Licensing Partnership self service. Before completing the form, please be aware of the following information:

**Form Submission:-**

When you have completed the application form please submit it. When you submit the application, you will receive an electronic response which will be sent directly to the email address provided in the application.

**Payment:-**

If you are submitting an application which requires a payment, please have your credit or debit card to hand as payment can be made upon submitting your application form. Applications requiring a payment will only be validated once payment is confirmed.

**General Information:-**

If you have any problems with completing the form please contact [licensing@sevenoaks.gov.uk](mailto:licensing@sevenoaks.gov.uk)

**For official use only**

|   |  |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
|---|--|----------------------|----------------------|----------------------|--|----|--|---------------|-----|----------------------|------|----------------------|-----|----------------------|--|--|-------|--|--|--|------------------|----------------------|--|--|--|--|--|--|-------------------|--|--|--|-------------------|----------------------|--|--|----------------|----------------------|--|--|---------------------|----------------------|--|--|----------------|----------------------|--|--|---------------------------------|----------------------|--|--|--------------------|----------------------|--|--|---|---------------|----------------------|----------------|--|----------------|----------------------|-------|---|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Title</td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 15%;">Customer Name</td> <td style="width: 55%;"><input type="text"/></td> </tr> <tr> <td></td> <td>Mr</td> <td></td> <td>Stuart, Moore</td> </tr> <tr> <td>DOB</td> <td><input type="text"/></td> <td>NINO</td> <td><input type="text"/></td> </tr> <tr> <td>TEL</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Email</td> <td colspan="3"><input type="text" value="events@eurekanaturistclub.co.uk"/></td> </tr> <tr> <td>Customer Address</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td></td> <td colspan="3">27 Hobart Close<br/>Chelmsford<br/>Essex<br/>CM12ES</td> </tr> <tr> <td>Date Form Started</td> <td colspan="3"><input type="text" value="21/06/2023 14:55:49"/></td> </tr> <tr> <td>Date of E-signing</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Date Submitted</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Data Validation Ref</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Occupancy type</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Advisor Name (who started form)</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Advisor Department</td> <td colspan="3"><input type="text"/></td> </tr> </table> | Title  | <input type="text"/> | Customer Name        | <input type="text"/> |  | Mr |  | Stuart, Moore | DOB | <input type="text"/> | NINO | <input type="text"/> | TEL | <input type="text"/> |  |  | Email | <input type="text" value="events@eurekanaturistclub.co.uk"/> |  |  | Customer Address | <input type="text"/> |  |  |  | 27 Hobart Close<br>Chelmsford<br>Essex<br>CM12ES |  |  | Date Form Started | <input type="text" value="21/06/2023 14:55:49"/> |  |  | Date of E-signing | <input type="text"/> |  |  | Date Submitted | <input type="text"/> |  |  | Data Validation Ref | <input type="text"/> |  |  | Occupancy type | <input type="text"/> |  |  | Advisor Name (who started form) | <input type="text"/> |  |  | Advisor Department | <input type="text"/> |  |  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Form Filename</td> <td style="width: 70%;"><input type="text"/></td> </tr> <tr> <td>Form Reference</td> <td><input type="text" value="Stuart, Moore"/></td> </tr> <tr> <td>Caps Reference</td> <td><input type="text"/></td> </tr> <tr> <td>Notes</td> <td><input style="height: 200px;" type="text"/></td> </tr> </table> | Form Filename | <input type="text"/> | Form Reference | <input type="text" value="Stuart, Moore"/> | Caps Reference | <input type="text"/> | Notes | <input style="height: 200px;" type="text"/> |
| Title   | <input type="text"/>   | Customer Name        | <input type="text"/> |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
|   | Mr   |                      | Stuart, Moore        |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| DOB   | <input type="text"/>   | NINO                 | <input type="text"/> |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| TEL   | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Email   | <input type="text" value="events@eurekanaturistclub.co.uk"/> |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Customer Address  | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
|   | 27 Hobart Close<br>Chelmsford<br>Essex<br>CM12ES             |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Date Form Started   | <input type="text" value="21/06/2023 14:55:49"/>             |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Date of E-signing   | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Date Submitted  | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Data Validation Ref   | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Occupancy type  | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Advisor Name (who started form)   | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Advisor Department  | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Form Filename   | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Form Reference  | <input type="text" value="Stuart, Moore"/>                   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Caps Reference  | <input type="text"/>   |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |
| Notes   | <input style="height: 200px;" type="text"/>                  |                      |                      |                      |  |    |  |               |     |                      |      |                      |     |                      |  |  |       |  |  |  |                  |                      |  |  |  |  |  |  |                   |  |  |  |                   |                      |  |  |                |                      |  |  |                     |                      |  |  |                |                      |  |  |                                 |                      |  |  |                    |                      |  |  |   |               |                      |                |  |                |                      |       |   |

Licensing Authority: *The Licensing Partnership*

*Licensing Partnership  
P.O. Box 182  
Sevenoaks  
Kent TN13 1GP*

## Temporary Event Notice

Please Note: You will need to make a payment of £21.00 before the form submission can be accepted. You will be directed to pay when you submit the form.

Information on the Licensing Act 2003 is available at [www.sevenoaks.gov.uk/licensing](http://www.sevenoaks.gov.uk/licensing)

Before completing this form **please read the guidance notes at the end of the form.**  
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 Licencing Act 2003 of my proposal to carry on a temporary activity at the premises described below.**

Please select the Council where the premises is situated:

**Sevenoaks District Council**

| 1. Personal Details of Premises User <i>(Please read note 1)</i>  |  |             |
|---|--|-------------|
| <b>1. Your name</b>   |  |             |
| Title   | Forenames  | Surname     |
| Mr  | Stuart   | Moore       |
| <b>2. Previous names <i>(if relevant)</i></b>   |  |             |
|   |  |             |
|   |  |             |
|   |  |             |
| <b>3. Your date of birth</b>  |  | 03/03/1972  |
| <b>4. Your place of birth</b>   |  | Harold Wood |
| <b>5. National Insurance Number</b>   |  | NX733580C   |
| <b>6. Your current address</b> <small>(We will use this address to correspond with you unless you complete the separate correspondence box below)</small> |  |             |
| 27 Hobart Close<br>Chelmsford<br>Essex<br>CM12ES  |  |             |
| <b>7. Other contact details</b>   |  |             |
| <b>Telephone numbers</b>  |  |             |
| Daytime   |  |             |
| Evening (optional)  |  |             |
| Mobile (optional)   |  |             |
| Fax number (optional)   |  |             |
| Email address   | <a href="mailto:events@eurekanaturistclub.co.uk">events@eurekanaturistclub.co.uk</a> |             |

Licensing Authority: *The Licensing Partnership*

Ref:

**8. Alternative address for correspondence** (Address for correspondence associated with this application, if different to the previous address)

|  |  |
|--|--|
|  |  |
|--|--|

**9. Alternative contact details** (if applicable)

**Telephone numbers**

|                                  |  |  |
|----------------------------------|--|--|
| Daytime                          |  |  |
| Evening (optional)               |  |  |
| Mobile (optional)                |  |  |
| <b>Fax number (optional)</b>     |  |  |
| <b>E-Mail address (optional)</b> |  |  |

**2. 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><b>Eureka</b><br/> <b>Manor Lane</b><br/> <b>Fawkham</b><br/> <b>Kent</b><br/> <b>DA3 8ND</b></p> |  |
|--|--|

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        | 20/01492/LAPRE |  |
| Additional address information |                |  |

Do you intend to use the whole of the premises at this address (Please read note 3)  
 (If no, please give a description and details below)

|                                     |                          |
|-------------------------------------|--------------------------|
| Yes                                 | No                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|  |
|--|
|  |
|--|

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

|                               |
|-------------------------------|
| <p><b>A Naturist Club</b></p> |
|-------------------------------|

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

|                                     |
|-------------------------------------|
| <p><b>Festival Launch party</b></p> |
|-------------------------------------|

Licensing Authority: *The Licensing Partnership*

Ref:

**3. 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 checked="" type="checkbox"/> |
| The provision of regulated entertainment (Please read note 7)                                | <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 8)                           |                                     |

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. eg. 19:00. (Please read note 10)

|            |            |      |       |          |            |      |       |
|------------|------------|------|-------|----------|------------|------|-------|
| Start Date | 15/07/2023 | Time | 12:00 | End Date | 16/07/2023 | Time | 03:00 |
|------------|------------|------|-------|----------|------------|------|-------|

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)

450

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 12)

|                       |                                     |
|-----------------------|-------------------------------------|
| On the premises only  | <input type="checkbox"/>            |
| Off the premises only | <input type="checkbox"/>            |
| Both                  | <input checked="" 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 13)

N/a

**4. Personal Licence Holders** (Please read note 14)

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| Do you currently hold a valid personal licence? (Please mark an "X" in the box that applies to you) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If "Yes" please provide the details of your personal licence below.

|                              |                         |  |
|------------------------------|-------------------------|--|
| Issuing licensing authority  | Chelmsford City Council |  |
| Licence number               | 12/00580/LAPER          |  |
| Date of issue                | 01/10/2020              |  |
| Date of expiry               |                         |  |
| Any further relevant details |                         |  |

**5. Previous Temporary Event Notices you have given** (Please read note 15)

|   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| 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? (Please mark an "X" in the box that applies to you) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If answering yes, please state the number of temporary event notices you have given for events in that same calendar year

|  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| 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 the event period proposed in this notice?<br>(Please mark an "X" in the box that applies to you) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Licensing Authority: *The Licensing Partnership*

Ref:

**6. Associates and business colleagues** *(Please read note 16)*

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
| 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                      | No                                  |
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If answering yes, 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:   | Yes                      | No                                  |
| a) ends 24 hours or less before; or  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) begins 24 hours or less after the event period proposed in this notice?<br>(Please mark an "X" in the box that applies to you)  | <input type="checkbox"/> | <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? (Please mark an "X" in the box that applies to you) | Yes                      | No                                  |
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If answering yes, 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:   | Yes                      | No                                  |
| a) ends 24 hours or less before; or  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) begins 24 hours or less after the event period proposed in this notice?<br>(Please mark an "X" in the box that applies to you)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**7. 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.

**Declaration**

|  |
|--|
|  |
|--|

**8. 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 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 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.

Please tick the box if you agree with the declarations above.

|                        |                 |  |
|------------------------|-----------------|--|
| Date                   | 21/06/2023      |  |
| Name of Person signing | Mr Stuart Moore |  |

For completion by the Licensing Authority

**9. Acknowledgement** *(Please read note 19)*

I acknowledge receipt of this temporary event notice.

|                         |        |   |           |      |  |
|-------------------------|--------|---|-----------|------|--|
| SIGNATURE               | On beh |  | authority | DATE |  |
|                         |        |   |           |      |  |
| Name of Officer Signing |        |   |           |      |  |

For Official Use

Ref 1 *Stuart, Moore*

Ref 2

Ref 3