



* required information

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

12OCT2024

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

- Yes No

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

* Family name

* 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 business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one 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.

Applicant Business

Is your business registered in the UK with Companies House?

- Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number

09584013

Business name

2EMIRS LTD

If your business is registered, use its registered name.

VAT number

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Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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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?

- Yes No

*

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Additional Contact Details

Are the contact details the same as (or similar to) those given in section 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.

Yes No

E-mail

Telephone number

Other telephone number

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THE PREMISES

I, the proposed user, hereby give notice under section 100 of the Licensing Act 2003 of my proposal to carry out a temporary activity at the premises described below.

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). [\(See also guidance on completing the form, note 2\)](#)

* Does the premises have an address?

Yes No

Address

Is the address the same as (or similar to) the address given in section one?

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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](#)

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PREVIOUS TEMPORARY EVENT NOTICES [\(See also guidance on completing the form, note 15\)](#)

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?

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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

b) Begins 24 hours or less after the event period proposed in this notice?

OFFICE USE ONLY

Applicant reference number	<input type="text" value="12OCT2024"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>