\* required information

Section 1 of 9		
You can save the form at a	any time and resume it later. You do	o 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	FW2023	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 or Yes	n behalf of the applicant? 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		

Continued from previous page		
Your position in the business	Head Teacher	
Home country	United Kingdom	The country where the headquarters of your business is located.
Business Address		If you have one, this should be your official
Building number or name	Maidenbower Junior School	address - that is an address required of you by law for receiving communications.
Street	Harvest Road	
District		
City or town	Crawley	
County or administrative are	a West Sussex	
Postcode	RH10 7RA	
Country	United Kingdom	
Section 2 of 9		
APPLICATION DETAIL See	also guidance on completing the form, gene	ral notes and note 1)
Have you had any previous o	or maiden names? <ul> <li>No</li> </ul>	
* Your date of birth	dd mm yyyy	Applicant must be 18 years of age or older
National Insurance number		This box need not be completed if you are an individual not liable to pay UK national insurance.
Place of birth		
Correspondence Address Is the address the same as (	or similar to) the address given in section on	eff "Yes" is selected you can re-use the details
• Yes	⊖ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
Building number or name	Maidenbower Junior School	
Street	Harvest Road	
District		
City or town	Crawley	
County or administrative are	a West Sussex	
Postcode	RH10 7RA	
Country	United Kingdom	

Continued from previous page.		
Additional Contact Details		
Are the contact details the	same as (or similar to) tho	se given in section one?Yes" is selected you can re-use the details
• Yes	⊖ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
E-mail		
Telephone number		
Other telephone number		
Section 3 of 9	E	
THE PREMISES		
activity at the premises des Give the address of the pre-	scribed below. emises where you intend to Ordnance Survey reference	a 100 of the Licensing Act 2003 of my proposal to carry out a temp carry on the licensable activities or if it has no address give a det See also guidance on completing the form, note 2)
<ul><li>Yes</li></ul>		
Address		
	s (or similar to) the address	given in section one f "Yes" is selected you can re-use the details
		from section one, or amend them as
<ul><li>Yes</li></ul>	⊖ No	

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to school families and the tickets are shown for entrance. The event will be supported and patrolled by the local services including police. We have over 30 Marshalls; some of whom are designated to support the licensed area. The licensed will be fenced off for the Over 18s to sell/buy beer and wine. The licensed area will be clearly signposted and kept sepa from other refreshment stalls by barriers. The area is to be outdoors but up against a room from which the staff can use fresh water, cleaning points etc. The area for alcohol will never hold more than 200 including staff. This area will be outs the Year 4 cloakroom and toilets for access to the school building (See plan). The whole event starts at 6pm, with Marsl assembling at 5.30pm. The fireworks will start at 7.30 and the whole evening will end around 9.30pm.

Describe the nature of the premises belowee also guidance on completing the form, note 4)

We are one of the largest Junior schools in Crawley and have land designate clearly for the use and purpose of each ar during the event. It has the school buildings which will be used by staff during the event, toilets will be used by the publi

Continued from previous page	
Event end date 03 / 11 / 2023 dd mm yyyy	
State the times during the event period that you propose to carry on licensable activities (give times in 24 hour clock) 1800 hrs to 2200 hrs (see also guidance on completing the form, note 10)	
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	NI3I -hat
intend to carry on licensable 200 activities, including any staff, organisers or performers (see also guidance on completing the form, note 11)	of pecan11 exceed 499.13.0632.72599 757

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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:

- 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 FW2023
Fee paid
Payment provider reference
ELMS Payment Reference
Payment status
Payment authorisation code
Payment authorisation date
Date and time submitted
Approval deadline
Error message
s Digitally signed
1 <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> Next >