



Crawley  
Temporary Event Notice  
Licensing Act 2003

For help contact  
[licensing@ Crawley.gov.uk](mailto:licensing@ Crawley.gov.uk)  
Telephone: 1293438000

\* required information

Section 1 of 9

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

*Continued from previous page...*

Your Address

\* Building number or name

\* Street

District

\* City or town

*Continued from previous page...*

Correspondence Address

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

☐

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Address

Is the address the same as (or similar to) the address 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

\* Building number or name

\* Street

District

\* City or town

County or administrative area

\* Postcode

\* Country

\* Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)?

- Neither  Premises licence  Club premises certificate

Location Details

\* Provide further details about the location of the event

If you intend to use only part of the premises at this address or intend to restrict the area to which this notice applies, give a description and details below [Tm855 6.718 0 c 8.572 1.855 8.572 4.863 6.718 6.718 c S 3 applisr details about the locat](#)

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LICENSABLE ACTIVITIES

State the licensable activities that you intend to carry on at the premises  
(see also [guidance on completing the form, note 6](#)):



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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

*Continued from previous page...*

(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 (6) months, or both.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

\* Capacity

\* Date  /  /