

Temporary Event Notice

Payment Transaction number:- SSES00409703 | Form Reference number EF1/513050

Premises User Information

Title

Mrs

If other please state

n/a

Surname

Clemetson

Forenames

Patricia Merle

Previous names (Please enter details of any previous names or maiden names, if applicable)

clemetson

Your date of birth

[REDACTED]

Your place of birth

[REDACTED]

National Insurance Number

[REDACTED]

Your current address (We will use this address to correspond with you unless you complete the separate correspondence box)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Telephone

[REDACTED]

Evening telephone

n/a

Mobile phone

[REDACTED]

Fax number

n/a

Email address

[REDACTED]

Address

n/a

Telephone

n/a

Evening telephone

n/a

Mobile phone

n/a

Fax number

n/a

Email

n/a

Premises information

Please give the name and 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)

Gibbs Grocery Store
163 Princess Road
Manchester
M14 4RL

Premises licence number

n/a

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.

n/a

Please describe the nature of the premises

Grocery Store

Please describe the nature of the event

50th Year Of Caribbean Carnival Of Manchester Celebration

Licensable activities

The sale by retail of alcohol

Yes

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

No

The provision of regulated entertainment

Yes

The provision of late night refreshment

Yes

Are you giving a late temporary event notice?

No

Please state the dates on which you intend to use these premises for licensable activities.

13/08/2022 14/08/2022

Please state the times during the event period that you propose to carry on licensable activities (please give times in 24 hour clock).

1100- 0100

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 (maximum 499).

40

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

Both

Please state if the licensable activities will include the provision of relevant entertainment.

No

If yes selected, please state the times during the event period that you propose to provide relevant entertainment.

n/a

Personal Licence Details

Do you currently hold a valid Personal Licence?

Yes

Issuing Authority

██████████

Licence Number

██████████

Date of Issue

n/a

Date of Expiry

n/a

Any further relevant details

n/a

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?

No

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

n/a

a) ends 24 hours or less before; orb) begins 24 hours or less after the event period proposed in this notice?

No

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?

No

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

n/a

a) ends 24 hours or less before; orb) begins 24 hours or less after the event period proposed in this notice?

No

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?

No

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.

n/a

a) ends 24 hours or less before; orb) begins 24 hours or less afterthe event period proposed in this notice?

No

Declaration and Payment New

Name

Patricia Clemetson

Capacity in which you are making this application

Business Partner

Additional information

I understand

Yes

These are the files included with this application :-

Acknowledgement

I acknowledge receipt of this temporary event notice

Signature:

On behalf of the Licensing Authority

Date:

Name of officer signing: