

Temporary Event Notice

Payment Transaction number:- SSES00967340 | Form Reference number EF1/1148913

Premises User Information

Title

Miss

If other please state

n/a

Surname

Flint

Forenames

Janice

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

n/a

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]

Telephone

[REDACTED]

Evening telephone

n/a

Mobile phone

n/a

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)

THE QUEENS HOTEL
SEDFORD ROAD
HARPURHEY
MANCHESTER
M40 8QU

Premises licence number

051244

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

PUBLIC HOUSE / PUB

Please describe the nature of the event

Funeral of a previous licensee of 14 years of the queens hotel and the mother/ mother in law of the owners and a resident of the estate for 58 years

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.

05/04/2024 and 06/04/2024

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

12:00 on the 05/04/2024 to 01:30 in the early hours of the 06/04/2024

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).

150

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

Rochdale

Licence Number

PA0136

Date of Issue

Date of Expiry

Permanent

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

Janice flint

Capacity in which you are making this application

Owner and dps

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: