

Received - 19.4.18
Receipt No. - 71892



LICENSING ACT 2003

TEMPORARY EVENT NOTICE

Blaenau Gwent Council is required to meet the Welsh Language Standards put in place by the Welsh Language Commissioner. These standards are intended to actively promote and encourage the use of the Welsh language in everyday life throughout Wales.

As a Council, we are committed to meeting our requirements, and would like to establish how you wish to receive correspondence from us in the future. Please tell us if you would prefer all your correspondence in Welsh only, English only or bilingually (Welsh and English).

In response to information we receive back regarding language preference, changes to the way we work will be required. We have a duty to look after the information you send us, and will use it to help us communicate with you through your preferred language(s).

Therefore, you are required to select your preferred language choice for future correspondence from the Council

Name STEVEN JAMES HUGHES

Address 26 FIELDS ROAD, TREDEGAR
NP22 4LW

Welsh only English only Bilingual

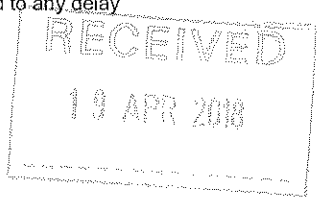
I understand that to make, knowingly or recklessly, a false statement or omit any information from this application, is a criminal offence.

I also understand that Blaenau Gwent County Borough Council is under a duty to protect public funds it administers and, to this end, may use the information I have provided on this form, within Blaenau Gwent County Borough Council, for the prevention and declaration of fraud. It may also share this information with other bodies administering or in receipt of public funds solely for this purpose.

Signed.....[Signature].....Date...18.4.18.....

Mae'r Cynghor yn Croesawu gohebiaeth yn Gymraeg a Saesneg a byddwn yn cyfathrebu gyda chi yn eich dewis iaith, dim ond i chi rhoi gwybod i ni pa un sydd well gennych. Ni fydd gohebu yn Gymraeg yn creu unrhyw oedi.

The Council welcomes correspondence in Welsh and English and we will communicate with you in the language of your choice, as long as you let us know which you prefer. Corresponding in Welsh will not lead to any delay



LICENSING ACT 2003

TEMPORARY EVENT NOTICE

Before completing this notice please read the guidance notes at the end of the notice. If you are completing this notice by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

You should keep a copy of the completed notice for your records. You must send at least one copy of this notice to the licensing authority at BGCBC, Licensing, Civic Centre, Ebbw Vale, NP23 6XB and additional copies must be sent to the chief officer of police and the local authority exercising environmental health functions for the area in which the premises are situated. The licensing authority will give you written acknowledgement of receipt of the notice.

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

1. The personal details of premises user (Please read note 1)			
1. YOUR NAME			
Title	(Mr.) Mrs. Miss. Ms. Other (please state)		
Surname	HUGHES		
Forenames	STEVEN JAMES		
2. PREVIOUS NAMES (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)			
Title	Mr. Mrs. Miss. Ms. Other (please state)		
Surname			
Forenames			
3. Your date of Birth	Day 30	Mth DEC	Yr 1987
4. Your Place of Birth	ABERGAVENNY		
5. National Insurance No.	JS 11 65 90 C		
6. YOUR CURRENT ADDRESS (We will use this to correspond with you unless you complete the separate correspondence box below)			
26 FIELDS ROAD, TREDEGAR			
Post Town	TREDEGAR	Post Code	NP22 4LW
7. OTHER CONTACT DETAILS			
TELEPHONE NUMBERS			
Daytime	077 28417539		
Evening (Optional)			
Mobile (Optional)			
FAX NUMBER (Optional)			
E-Mail Address (if available)		STEVEN.HUGHES@AbergavennyLicensing.ORG.UK	

8. ALTERNATIVE ADDRESS FOR CORRESPONDENCE (If you complete the details below, we will use this address to correspond with you)	
Post Town	Post Code
9. ALTERNATIVE CONTACT DETAILS (if applicable)	
TELEPHONE NUMBERS	
Daytime	
Evening (Optional)	
Mobile (Optional)	
FAX NUMBER (Optional)	
E-Mail Address (if available)	

2. The Premises	
Please 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) (Please read note 2)	
BEDWELTY HOUSE AND PARK MORGAN STREET TREDEGAR NP22 3XN	
Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)? If so please enter the licence or certificate number below.	
Premises licence number	BG - PREM - 0240
Club premises certificate number	
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 below. (Please read note 3)	
TEA ROOM ONLY	
Please describe the nature of the premises below (Please read note 4)	
COMMUNITY FUNCTION VENUE	
Please describe the nature of the event below (Please read note 5)	
LIVE DJ EVENT.	

3. The Licensable Activities

Please state the Licensable Activities that you intend to carry on at the premises (please mark an "X" next to the Licensable Activities you intend to carry on). (Please read note 6)

The sale by retail of alcohol	X
The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club	
The provision of regulated entertainment (please read note 7)	X
The provision of late night refreshment	
Are you giving a late temporary event notice (please read note 8)	

Please state the dates on which you intend to use these premises for licensable activities. (Please read note 9)

MAY 4TH AND 5TH 2018

Please state the times during the event period that you propose to carry on licensable activities (Please give times in 24 hour clock). (Please read note 10)

2100 To 0300 .

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. (Please read note 11)

105

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 (please mark an "X" next to the appropriate box). (Please read note 12)

On the premises only

X

Off the premises only

Both

Please state if the licensable activities will include the provision of relevant entertainment. If so, please state the times during the event period that you propose to provide relevant entertainment. (please read note 13)

2100 Hrs To 0300 Hrs LIVE DJ EVENT.

4. Personal Licence Holders (Please read note 14)		
Do you currently hold a valid Personal Licence? (Please mark an "X" in the box that applies to you)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please provide the details of your Personal Licence below.		
Issuing Licensing Authority <u>BLAENAU GWENT</u>		
Licence number <u>BG - PERS - 00718</u>		
Date of Issue <u>09/10/2017</u>		
Any further relevant details		
5. Previous Temporary Event Notices you have given (Please read 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. (Please mark an "X" in the box that applies to you)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If answering yes, Please state the number of Temporary Event Notices you have given for events in the same calendar year (including late temporary event notices)		
Have you 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? (Please mark an "X" in the box that applies to you)	Yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>
6. Associates and Business Colleagues (Please read note 16)		
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? (Please Mark an "X" in the box that applies to you)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If answering yes, please state the total number of Temporary Event Notices your associate(s) have given in the same calendar year (including late temporary event notices)		
Has any associate of yours 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? (Please mark an "X" in the box that applies to you)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 Temporary Event Notice? (Please mark an "X" in the box that applies to you)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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 (including late temporary event notices)		
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? (Please mark an "X" in the box that applies to you)	Yes	No X

7. Checklist (Please read note 17)

I have (Please mark the appropriate box with an "X")	
Sent at least one copy of this notice to the licensing authority for the area in which the premises are situated	X
Sent a copy of this notice to the chief officer of police for the area in which the premises are situated	X
Sent a copy of this notice to the local authority exercising environmental health function for the area in which the premises are situated	X
If the premises are situated in one or more licensing authority areas, sent at least one copy of this notice to each additional licensing authority	
If the premises are situated in one or more police areas, sent a copy of this notice to each additional chief officer of police	
If the premises are situated in one or more licensing authority areas, sent a copy of this notice to each additional local authority exercising environmental health function	
Made or enclose payment of the fee for the application	X
Signed the declaration in Section 9 below	X

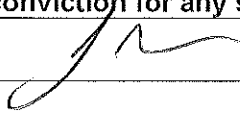
8. Condition (Please read note 18)

It is a condition of the Temporary Event Notice that where the relevant licensable Activities described in Section 3 above include the supply of alcohol that all such supplies are made by or under the Authority of the premises user.

9. Declarations (Please read note 19)

The information contained in this form is correct to the best of my knowledge and belief.

I understand that it is an offence:
(i) to knowingly or recklessly make a false statement in connection with this Temporary Event Notice and that a person is liable on summary conviction for such an offence to a fine of any amount; and
(ii) to permit an unauthorised licensable activity to be carried on at any place and that a person is liable on conviction for any such offence to a fine of any amount.

Signature		Date	18.4.18
Name of person signing	STEVEN JAMES HUGHES		

For completion by the Licensing Authority

10. Acknowledgment (please read note 20)			
I acknowledge receipt of this Temporary Event Notice			
Signature	<i>L Blanchard</i> On behalf of the Licensing Authority	Date	<i>19.4.18</i>
Name of Officer signing	<i>Leanne Blanchard</i>		