

Form Submission

Item Description: TENs
Item Reference: 6300-6539----FEECH0074
Amount Paid: £21.00
Capita Auth Code: [REDACTED]
Capita Transaction Code: [REDACTED]
GOSS Item reference: [REDACTED]

Form Data

Title: Mrs

First Name: DANIELLE

Last Name: DAVIS

Previous Name?: No

Previous Title: Please select

Previous First Name:

Previous Last Name:

Previous Names?:

Previous Title: Please select

Previous First Name:

Previous Last Name:

Date of Birth: [REDACTED]

Place of birth: TAUNTON

NI Number:

[REDACTED]

Current Address:

Property Name and or Number:

KING WILLIAM INN

Street or Road Name:

MARKET PLACE

Town:

GLASTONBURY

County:

SOMERSET

Postcode:

BA6 9HL

Contact details:

Daytime telephone number:

[REDACTED]

Evening telephone number:

Mobile number:

[REDACTED]

Fax Number:

Email address:

[REDACTED]

Alternative Contact Information:

Do you have alternative contact information?:

No

Alternative address:

Property Name and or Number:

Street or Road Name:

Town:

County:

Postcode:

Alternative Contact details:

Daytime telephone number:

Evening telephone number:

Mobile number:

Fax Number:

Email address:

Section 2 The Premises:

Please give the address of the premises:

House Name or Number: KING WILLIAM INN

Street or Road: 19 MARKET PLACE,

Town: GLASTONBURY

Postcode: BA6 9HL

Ordnance Survey/market pitch:

Does a premises license or club premises certificate have effect in relation to the premises: Yes

Premises licence number: PRL0362

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.: FRONT OF BUILDING/ PAVEMENT AREA IN A 3M X 3M AREA

Please describe the nature of the premises: RESTURANT/ PUBLIC HOUSE

Please describe the nature of the event: A BAR TO THE FRONT OF THE PROPERTY TO EASE THE FOOTFALL/ TRAFFIC THROUGH MAIN ENTRANCE AND INSIDE OF THE PREMISES ON A BUSY CARNIVAL EVENING AS THIS IS ONE OF THE

ONLY LICENCED PREMISES IN THE MARKET PLACE AREA.

Section 3 The Licensable Activities:

Please state the licensable activities that you intend to carry on at the premises (please tick):

SaleAlcohol

The licensable activities includes the supply of alcohol, please state whether the supplies will be for the consumption:

Both

Are your giving a late temporary event notice?:

No

I confirm there are a minimum of 5 clear working days for a Late TEN and 10 clear working days for a Standard TEN between the date of submission and the start of the event:

Yes

Please state the dates and times on which you intend to use these premises for licensable activities:

Day 1: 18/11/2023

Day 1 times: 12:00 TO 23:00

Day 2:

Day 2 times:

Day 3:

Day 3 times:

Day 4:

Day 4 times:

Day 5:

Day 5 times:

Day 6:

Day 6 times:

Day 7:

Day 7 times:

Day 8:

Day 8 times:

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:

100

Please state if the licensable activities will include the provision of regulated entertainment :

No

If so, please state the times during the event period that you propose to provide regulated entertainment:

Section 4 Personal licence holders:

Do you currently hold a valid personal licence?:

Yes

Licence number:

PEL01044

Issuing licensing authority:

MDC BA4

Date of issue:

21/09/2009

Further Information:

Section 5 Previous temporary event notices you have given:

Have you previously given a TENS in respect of any premises for events falling

No

in the same calendar year as the event for which you are now giving this TENS?:

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

Have you already given a TEN for the same premises in which the event period ends 24 hours or less before the event period proposed in this notice and/or begins 24 hours or less after the event period proposed in this notice::

No

Section 6 Associates and business colleagues:

Has any associate of yours given a TENS for an event in the same calendar year as the event for which you are now giving a TENS?:

No

Please state the total number of TENS your associate(s) have given for events in the same calendar year:

Has any associate of yours already given a TEN for the same premises in which the event period ends 24 hours or less before the event period in this notice and/or 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 TENS for an event in the same calendar year as the event for which you are now giving a TENS:

No

Please state the total number of TENS your business colleague(s) have given for events in the same calendar year:

Has any person with whom you are in business carrying on licensable activities given a TENS for an event in the same calendar year as the event for which you are now giving a TENS?:

No

Declarations:

I agree with the above statement: Yes

Date Submitted: 03/11/2023

Name of Person completing online form:: Danielle DAVIS

This form will be sent by the Licensing department to the Police and Environmental Health, on behalf of the applicant: Yes

I confirm I have read the TEN guidance notes.: Yes

Licence Value £21.00: 21.00