

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)	

<b>2. The premises</b>	
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)	
ROKKA 64 HARBOUR PARADE RAMSGATE CT11 8LN	
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	LN/200501196
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)	
Please describe the nature of the premises below. (Please read note 4)	
CAFÉ / BAR	
Please describe the nature of the event below. (Please read note 5)	
MONDAY 26 <sup>TH</sup> DECEMBER FOR THE OCCASION OF BOXING DAY	

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	<input checked="" type="checkbox"/>	
The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club	<input type="checkbox"/>	
The provision of regulated entertainment	<input checked="" type="checkbox"/>	
The provision of late night refreshment	<input checked="" type="checkbox"/>	
Are you giving a late temporary event notice? (Please read note 7)	<input type="checkbox"/>	
Please state the dates on which you intend to use these premises for licensable activities. (Please read note 8)		
TUESDAY 27 <sup>TH</sup> DECEMBER		
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 9)		
<p>EXTEND SALE BY RETAIL OF ALCOHOL AND REGULATED ENTERTAINMENT BY 1 HOUR FROM 0300 TO 0400</p> <p>EXTEND LATE NIGHT REFRESHMENT AND OPENING HOURS BY 1 HOUR FROM 0330 TO 0430</p> <p>WITH ONE EXTRA SIA DOOR SUPERVISOR FROM 0300 UNTIL CLOSE</p> <p>HEAD DOORMAN TO USE BODY WORN CAMERA</p>		
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 10)	250	
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 11)	On the premises only	<input checked="" type="checkbox"/>
	Off the premises only	<input type="checkbox"/>
	Both	<input type="checkbox"/>

4. Personal licence holders (Please read note 12)		
Do you currently hold a valid personal licence? (Please mark an "X" in the box that applies to you)	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes" please provide the details of your personal licence below.		
Issuing licensing authority	LEWISHAM	

Licence number	LEW1096
Date of issue	24/11/2005
Date of expiry	23/11/2015
Any further relevant details	

5. Previous temporary event notices you have given (Please read note 13)		
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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If answering yes, please state the number of temporary event notices you have given for events in that same calendar year	8	
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 14)		
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 for events in the same calendar year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 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 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 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"/>

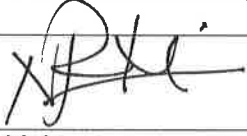
7. Checklist (Please read note 15)	
I shall (Please mark the appropriate boxes with an "X" )	

Send two copies of this notice to the licensing authority for the area in which the premises are situated	<input checked="" type="checkbox"/>
Send a copy of this notice to the chief officer of police for the area in which the premises are situated	<input checked="" type="checkbox"/>
Send a copy of this notice to the local authority exercising environmental health functions for the area in which the premises are situated	<input checked="" type="checkbox"/>
If the premises are situated in one or more licensing authority areas, send at least one copy of this notice to each additional licensing authority	<input type="checkbox"/>
If the premises are situated in one or more police areas, send a copy of this notice to each additional chief officer of police	<input type="checkbox"/>
If the premises are situated in one or more local authority areas, send a copy of this notice to each additional local authority exercising environmental health functions	<input type="checkbox"/>
Make or enclose payment of the fee for the application	<input checked="" type="checkbox"/>
Sign the declaration in Section 9 below	<input checked="" type="checkbox"/>

**8. Condition (Please read note 16)**  
It is a condition of this 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 17)**  
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 conviction for such an offence to a fine up to level 5 on the standard scale; 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 not exceeding £20,000, or to imprisonment for a term not exceeding six months, or to both.

Signature	
Date	30.09.16
Name of Person signing	NICHOLAS PANTELI

For completion by the licensing authority

**10. Acknowledgement (Please read note 18)**  
I acknowledge receipt of this temporary event notice.

Signature	On behalf of the licensing authority
Date	
Name of Officer signing	