

\* required information

## Section 1 of 9

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

Not Currently In Use

This is the unique reference for this application generated by the system.

Your reference

Wear it Pink Weekend - Breast Cancer Awareness

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes  No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

### Applicant Details

\* First name

REDACTED TEXT

\* Family name

REDACTED TEXT

\* E-mail

REDACTED TEXT

Main telephone number

REDACTED

Include country code.

Other telephone number

REDACTED

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader  
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

### Applicant Business

Is your business registered in the UK with Companies House?

Yes  No

Note: completing the Applicant Business section is optional in this form.

Registration number

12699359

Business name

MADEIRA LEISURE LIMITED

If your business is registered, use its registered name.

VAT number

- 357164584

Put "none" if you are not registered for VAT.

Legal status

Private Limited Company

*Continued from previous page...*

Your position in the business

Home country

The country where the headquarters of your business is located.

**Registered Address**

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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**APPLICATION DETAILS** ([See also guidance on completing the form, general notes and note 1](#))

Have you had any previous or maiden names?

- Yes  No

\* Your date of birth  /  /   
dd mm yyyy

Applicant must be 18 years of age or older

National Insurance number

This box need not be completed if you are an individual not liable to pay UK national insurance.

Place of birth

**Correspondence Address**

Is the address the same as (or similar to) the address given in section one?

- Yes  No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Continued from previous page...

### Additional Contact Details

Are the contact details the same as (or similar to) those given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

- Yes  No

E-mail	<input type="text" value="REDACTED"/>
Telephone number	<input type="text" value="REDACTED"/>
Other telephone number	<input type="text" value="REDACTED"/>

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#### THE PREMISES

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

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). [\(See also guidance on completing the form, note 2\)](#)

\* Does the premises have an address?

- Yes  No

#### Address

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

- Yes  No

* Building number or name	<input type="text" value="The Brighton Zip"/>
* Street	<input type="text" value="Madeira Drive"/>
District	<input type="text" value="Daltons Bastion"/>
* City or town	<input type="text" value="Brighton"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text" value="BN2 1EN"/>
* Country	<input type="text" value="United Kingdom"/>

\* Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)?

- Neither  Premises licence  Club premises certificate

* Premises licence number	<input type="text" value="1445/3/2019/00278/LAPREN"/>
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#### Location Details

\* Provide further details about the location of the event

*Continued from previous page...*

If you intend to use only part of the premises at this address or intend to restrict the area to which this notice applies, give a description and details below ([see also guidance on completing the form, note 3](#))

Describe the nature of the premises below ([see also guidance on completing the form, note 4](#))

The Brighton Zip consists of a Zip wire leisure activity in the southeast corner of the premises. Then a two-level outdoor deck with a kitchen and bar providing meals and drinks for the public. The Zip bar and kitchen provides a menu of traditional fish and chips and a range of alcoholic and non-alcoholic beverages.

Describe the nature of the event below ([see also guidance on completing the form, note 5](#))

The weekend commencing 2nd October Brighton Zip is holding a wear it pink weekend for Breast Cancer Awareness. This weekend has been organised in advance as a fundraising weekend across both the Zipwire and Kitchen / Gelateria, with active staff participation and encouragement for customers to participate.

The Brighton Zip is to operate under its traditional restaurant license during the weekend of 2nd October - 3rd October. The open areas of the site will be The Zip Kitchen, The Zip Bar and the Zip Coffee and Ice Cream Shop.

The event would operate with all the restrictions of the historical license held by Brighton Zip (1445/3/2019/00278/LAPREN)

Brighton Zip, have operated with no incidents of violence, crime or drunk and disorderly behavior. We signed BCRP and have CCTV throughout the site.

- Table Service to all tables for alcohol.
- No Alcohol to be consumed without a substantial Meal.

This licensed event would help run the zip operation while they resolve a clerical error which occurred during the exchange of companies operating the site from the company 'Happyvale Ltd' to 'Madeira Leisure Ltd'. This error has occurred, during the Covid Pandemic due to a staffing absence where Karen Howkins, who has run the office for over 10 years developed Covid early on and has not been back to work as she has long Covid would have picked up the license needing to be transferred and would have dealt with it.

#### PLANNED OPERATION

Saturday 2nd October  
Opening Hours : 9:00 – 23:00  
Sale of Alcohol : 12:00 – 21:00

Sunday 3rd October  
Opening Hours : 9:00 – 23:00  
Sale of Alcohol : 12:00 – 21:00

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#### LICENSABLE ACTIVITIES

State the licensable activities that you intend to carry on at the premises ([see also guidance on completing the form, note 6](#)):

- The sale by retail of alcohol

Continued from previous page...

- 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
- The provision of late night refreshment
- The giving of a late temporary event notice

[\(See also guidance on completing the form, note 7\).](#)

Late notices can be given no later than 5 working days but no earlier than 9 working days before the event.

[\(See also guidance on completing the form, note 8\).](#)

### Event Dates

There must be a period of at least 10 working days between the date you submit this form and the date of the earliest event when you will be using these premises for licensable activities.

State the dates on which you intend to use these premises for licensable activities

[\(see also guidance on completing the form, note 9\)](#)

Event start date  /  /   
dd mm yyyy

The maximum period for using premises for licensable activities under the authority of a temporary event notice is 168 hours or seven days.

Event end date  /  /   
dd mm yyyy

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

[\(see also guidance on completing the form, note 10\)](#)

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

Note that the maximum number of people cannot exceed 499.

[\(see also guidance on completing the form, note 11\)](#)

If the licensable activities will include the supply of alcohol, state whether the supplies will be for consumption on or off the premises, or both

[\(see also guidance on completing the form, note 12\):](#)

- On the premises only
- Off the premises only
- Both

(See also guidance on completing the form, note 13)

State if the licensable activities will include the provision of relevant entertainment. If so, state the times during the event period that you propose to provide relevant entertainment

[Empty text box for providing details of relevant entertainment]

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PERSONAL LICENCE HOLDERS (See also guidance on completing the form, note 14)

Do you currently hold a valid personal licence?  Yes  No

Provide the details of your personal licence below.

Issuing licensing authority

Licence number

Date of issue  /  /   
dd mm yyyy

Any further relevant details

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PREVIOUS TEMPORARY EVENT NOTICES (See also guidance on completing the form, 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?  Yes  No

State the number of temporary event notices (including the number of late temporary event notices, if any) you have given for events in that same calendar year

*Continued from previous page...*

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  Yes  No
- b) Begins 24 hours or less after the event period proposed in this notice?

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**ASSOCIATES AND BUSINESS COLLEAGUES** [\(See also guidance on completing the form, note 16\)](#)

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?

- Yes  No

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  Yes  No
- b) Begins 24 hours or less after the event period proposed in this notice?

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?

- Yes  No

State the total number of temporary event notices your business colleague(s) have given for events in the same calendar year

*Continued from previous page...*

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:

Yes  No

- a) Ends 24 hours or less before; or
- b) Begins 24 hours or less after the event period proposed in this notice?

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#### CONDITION [\(See also guidance on completing the form, note 18\)](#)

It is a condition of this temporary event notice that where the relevant licensable activities described in Sections 4 and 5 above include the supply of alcohol that all such supplies are made by or under the authority of the premises user.

#### PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £21

#### DECLARATION [\(See also guidance on completing the form, note 19\)](#)

- \* 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 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

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

\* Capacity

\* Date  /  /   
dd mm yyyy

[Add another signatory](#)

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/temporary-event-notice/brighton-and-hove/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.



**OFFICE USE ONLY**

Applicant reference number	<input type="text" value="Wear it Pink Weekend - Breast Cancer Awareness"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

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