

* 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	MAD31/1	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?		Put "no" if you are applying on your own behalf or on behalf of a business you own or	
• Yes O M	lo	work for.	
Applicant Details			
* First name	Delso	1	
	Da Silva]	
* Family name]	
* E-mail	Redacted		
Main telephone number	Redacted	Include country code.	
Other telephone number	Redacted]	
☐ Indicate here if the appl	icant would prefer not to be contacted by telep	hone	
Is the applicant:			
 Applying as a business of 	or organisation, including as a sole trader	A sole trader is a business owned by one	
 Applying as an individua 	al	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.	
Applicant Business			
Is the applicant's business registered in the UK with Companies House?	Yes O No	Note: completing the Applicant Business section is optional in this form.	
Registration number	12699359]	
Business name	MADEIRA LEISURE LIMITED	If the applicant's business is registered, use its registered name.	
VAT number -	357164584	Put "none" if the applicant is not registered for VAT.	
Legal status	Private Limited Company		

Continued from previous page			
Applicant's position in the business	General Manager		
Home country	United Kingdom	The country where the applicant's headquarters are.	
Registered Address		Address registered with Companies House.	
Building number or name	2nd Floor Gadd House]	
Street	Arcadia Avenue		
District			
City or town	London		
County or administrative area			
Postcode	N3 2JU		
Country	United Kingdom		
Agent Details			
* First name	Keystone Law		
* Family name	Solicitors		
* E-mail	Redacted		
Main telephone number	Redacted	Include country code.	
Other telephone number			
Indicate here if you wou	Id prefer not to be contacted by telephone		
Are you:			
 An agent that is a business or organisation, including a sole trader person without any special legal structure 			
 A private individual acting as an agent 			
Agent Business			
Is your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.	
Registration number	04650763		
Business name	Keystone Law Limited	If your business is registered, use its registered name.	
VAT number -		Put "none" if you are not registered for VAT.	
Legal status	Private Limited Company		

Continued from previous page		
Your position in the business	Applicant's Solicitors	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
Building number or name	48	
Street	Chancery Lane	
District		
City or town	London	
County or administrative area		
Postcode	WC2A 1JF	
Country	United Kingdom]
Section 2 of 9		
APPLICATION DETAILS (See a	also guidance on completing the form, gener	ral notes and note 1)
Have you had any previous or r	maiden names?	
⊖ Yes	• No	
* Your date of birth		Applicant must be 18 years of age or older
	dd mm yyyy	This box need not be completed if you are an
National Insurance number	Redacted	individual not liable to pay UK national insurance.
Place of birth	Redacted	
Correspondence Address		
Is the address the same as (or s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details
⊖ Yes	• No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
Building number or name	Keystone Law Solicitors	
Street	48 Chancery Lane	
District		
City or town	London	
County or administrative area		
Postcode	WC2A 1JF	
Country	United Kingdom]

Continued from previous page			
Additional Contact Details			
Are the contact details the sam	e 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	
⊖ Yes	No	required. Select "No" to enter a completely new set of details.	
E-mail	Redacted		
Telephone number	Redacted		
Other telephone number			
Section 3 of 9			
THE PREMISES			
I, the proposed user, hereby givactivity at the premises describ	ve notice under section 100 of the Licensing Ac ed below.	t 2003 of my proposal to carry out a temporary	
	es where you intend to carry on the licensable a nance Survey references). <u>(See also guidance o</u>		
* Does the premises have an ad	ddress?		
• Yes	⊂ No		
Address			
Is the address the same as (or s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as	
⊖ Yes	No	required. Select "No" to enter a completely new set of details.	
* Building number or name	The Brighton Zip		
* Street	Madeira Drive		
District	Brighton		
* City or town	East Sussex		
County or administrative area			
* Postcode	BN2 1EN		
* Country	United Kingdom		
* Does a premises licence or club premises certificate have effect in relation to the premises (or any part of the premises)?			
O Neither O Premises licence O Club premises certificate			
Location Details			
* Provide further details about the location of the event			
Whole of the premises			
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)			

Continued from previous page...

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 previous Premises Licence 1445/3/2019/00278/LAPREN lapsed and a new Premises Licence application was lodged with Brighton and Hove City Council on 7 October 2021. The Temporary Event Notice is to allow the sale of alcohol on selected days during the consultation period for the new Premises Licence. Please find attached Annex A (this has been emailed to Licensing as I was unable to upload with the application) which is a list of proposed conditions lodged with the new Premises Licence application that my client will adhere to during the Temporary Event Notice.

DATES/TIMES SOUGHT Saturday 30th October 2021 Opening Hours : 12:00 – 23:30 Sale of Alcohol : 12:00 – 23:00 Sunday 31st October 2021 Opening Hours : 12:00 – 22:30 Sale of Alcohol : 12:00 – 22:00

Section 4 of 9

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

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)

Continued from previous page		
Event start date	30 / 10 / 2021 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	31 / 10 / 2021 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	12:00 to 23:00	
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 (see also guidance on completing the form, note 11)	264	Note that the maximum number of people cannot exceed 499.
	nclude the supply of alcohol, state whether the on on or off the premises, or both <u>ing the form, note 12)</u> :	
Section 5 of 9		
RELEVANT ENTERTAINMENT	(See also guidance on completing the forr	n, note 13)
State if the licensable activities period that you propose to pro	s will include the provision of relevant entertain ovide relevant entertainment	ment. If so, state the times during the event
N/A		
Section 6 of 9		
PERSONAL LICENCE HOLDER	S (See also guidance on completing the form	<u>n, note 14)</u>
Do you currently hold a valid personal licence?	• Yes 🔿 No	
Provide the details of your pers	sonal licence below.	
Issuing licensing authority	Eastbourne	

Continued from previous page	Licence number
Redacted	
Date of issue	12 / 03 / 2010 dd mm yyyy
Any further relevant details	
Section 7 of 9	
PREVIOUS TEMPORARY EVEN	T 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 O 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	3
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?	⊙ Yes
Section 8 of 9	
	OLLEAGUES (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

Continued from previous page				
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?	ΟY	′es	۲	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?	ΟY	′es	۲	No
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?	ΟY	′es	۲	No
Section 9 of 9				
CONDITION <u>(See also guidan</u>	<u>ce on</u>	completing the fo	orm,	<u>note 18)</u>
above include the supply of alc				e relevant licensable activities described in Sections 4 and 5 e made by or under the authority of the premises user.
PAYMENT DETAILS				
This fee must be paid to the au	thority	y. If you complete t	he a	pplication online, you must pay it by debit or credit card.
This formality requires a fixed fe	e of £	21		
DECLARATION (See also guid	ance	on completing the	e for	<u>m, note 19)</u>
* The information contained in	this fo	orm is correct to the	e bes	st of my knowledge and belief
* I understand that it is an offer	ice:			
 to knowingly or recklessly r liable on conviction for such a 				nection with this temporary event notice and that a person is I 5 on the standard scale; and
		3		ed on at any place and that a person is liable on conviction for prisonment for a term not exceeding six months, or to both

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

Continued from previous page	
	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Keystone Law Solicitors
* Capacity	Solicitors on behalf of Applicant
* Date	08 / 10 / 2021
	dd mm yyyy
	Add another signatory
file and continue with your ap	outer by clicking file/save as w.uk/apply-for-a-licence/temporary-event-notice/brighton-and-hove/apply-1 to upload this
OFFICE USE ONLY	
Applicant reference number	MAD31/1
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
1 <u>2</u> <u>3</u> <u>4</u>	<u>5 6 7 8 9</u> Next >