

Haringey Temporary Event Notice Licensing Act 2003 For help contact licensing@haringey.gov.uk Telephone: 020 8489 8232

		* required information
Section 1 of 9		
You can save the form at any t	ime 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	sgl:456	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 be	half of the applicant? No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
Name		
First name	Alin	
Family name	Mandache	
Contact Details		
E-mail	and the second second	
Telephone number	a Managha a	
Fax number		
Other telephone number		
Indicate here if the appl	icant would prefer not to be contact	ed by telephone
Is the applicant:		
 Applying as a business 	or organisation, including as a sole tr	,
 Applying as an individu 	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 (No	Note: completing the Applicant Business section is optional in this form.
Is the applicant's business registered outside the UK?	ſ Yes (● No	

Continued from previous page		
Commercial register		
Registration number	12393636]
Business name	Soffi & Co Ltd	If the applicant's business is registered, use its registered name.
VAT number -		Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	
Applicant's position in the business	Director]
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	13]
Street]
District]
City or town]
County or administrative area]
Postcode		
Country	United Kingdom]
Address		
Building number or name	R]
Street]
District]
City or town	London]
County or administrative area]
Postcode		
Country	United Kingdom]
User Profile		
Name		
First name	Alin]
Family name	Mandache]

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Contact Details		
E-mail	Sector Statistics]
Telephone number	9-11-2-15]
Fax number		
Other telephone number		
Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
 Applying as a business of 	r organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individual 	31	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.
Your Business		
Is your business registered in the UK with Companies House?	(● Yes C No	Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?	C Yes	
Commercial register		The entity with which your business is registered, for example "Amsterdam Chamber of Commerce".
Registration number	12393636]
Business name	Soffi & Co Ltd	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]
Your position in the business	Director]
Home country	United Kingdom	The country where the headquarters of your business is located.

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Agent Registered Address		Address registered with Companies House.
Building number or name		
Street		
District		
City or town]
County or administrative area		
Postcode		
Country	United Kingdom	
Address		
Building number or name]
Street		
District]
City or town]
County or administrative area]
Postcode		
Country	United Kingdom]
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APPLICATION DETAILS (See	also guidance on completing the form, gene	ral notes and note 1)
Have you had any previous or	maiden names?	
C Yes	 No 	
Your date of birth	13 / 09 / 1983 dd mm yyyy	Applicant must be 18 years of age or older
National Insurance number	SK179920A	This box need not be completed if you are an individual not liable to pay UK national insurance.
Place of birth	Vaslui]

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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	C No	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	United Kingdom				
Additional Contact Details					
Are the contact details the sam	ne as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details			
Yes	C No	from section one, or amend them as required. Select "No" to enter a completely new set of details.			
E-mail					
Telephone number					
Other telephone number					
Section 3 of 9					
THE PREMISES					
l, the proposed user, hereby gi activity at the premises describ	ve notice under section 100 of the Licensing Ac bed below.	t 2003 of my proposal to carry out a temporary			
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 add	dress?				
(Yes	⊂ No				

Continued from previous page				
Address	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details		
C Yes	 No 	from section one, or amend them as required. Select "No" to enter a completely new set of details.		
Building number or name	Clasic Restaurant			
Street	502-508 High Road			
District				
City or town	London			
County or administrative area				
Postcode	N17 9JF			
Country	United Kingdom			
Does a premises licence or club the premises (or any part of the	o premises certificate have effect in relation to e premises)?			
Neither C Premise	es licence C Club premises certificate			
Premises licence number]		
Club premises certificate number]		
Location Details				
Give an Ordance Survey (OS) map reference (if a full address has not been given)		Give an Ordnance Survey (National Grid) reference e.g. TL683365		
Provide further details about t	he location of the event			
The location is a premises use	d for weddings and receptions			
lf you intend to use only part of description and details below	f the premises at this address or intend to restr (see also guidance on completing the form, no	ict the area to which this notice applies, give a te 3)		
all of the premises to be used				
Describe the nature of the pre	mises below (see also guidance on completing	the form, note 4)		
The premises trades as a wede	The premises trades as a wedding venue			
Describe the nature of the event below <u>(see also guidance on completing the form, note 5)</u>				

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the vent is that of a wedding o	celebration	
Section 4 of 9		
LICENSABLE ACTIVITIES		
State the licensable activities t (see also guidance on complete	hat you intend to carry on at the premises ting the form, note 6):	
\boxtimes The sale by retail of alcol	lol	
The supply of alcohol by member of the club	or on behalf of a club to, or to the order of, a	
☑ The provision of regulate	ed entertainment	<u>(See also guidance on completing the form, note 7).</u>
☑ The provision of late nig	ht refreshment	
The giving of a late temp	porary event notice	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		
	east 10 working days between the date you sub premises for licensable activities.	mit this form and the date of the earliest event
State the dates on which you	intend to use these premises for licensable activ	vities
(see also guidance on comple	ting the form, note 9)	
Event start date	27 / 11 / 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	28 / 11 / 2021 dd mm yyyy	
State the times during the event period that you propos to carry on licensable activitie (give times in 24 hour clock) (see also guidance on]

completing the form, note 10)

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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 (see also guidance on completing the form, note 11)	350	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 ing the form, note 12) :	2
 On the premises only 		
 Off the premises only 		
 Both 		
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RELEVANT ENTERTAINMENT	<u>(See also guidance on completing the for</u>	rm, note 13)
State if the licensable activities period that you propose to pro	s will include the provision of relevant entertain ovide relevant entertainment	nment. If so, state the times during the event
morning of the 28th November	and recorded music to be provided between 19 er	9.00 on the 27 th November to 04.00 on the
	S (See also guidance on completing the for	rm, note 14)
Do you currently hold a valid personal licence?	(● Yes (^ No	
Provide the details of your per	sonal licence below.	
Issuing licensing authority	Waltham Forest Council	
Licence number	Z01N0424LA/1 Z01N0424LA/1 Z01N0424LA/1	
Date of issue	08 / 11 / 2021 dd mm yyyy	
Any further relevant details		
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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	(С	∩ 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	1					
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?	C	Yes		•	No	
proposed in this notice:						
Section 8 of 9						
Section 8 of 9		LEAGU	ES <u>(See also g</u>	guid	guidance on completing the form, note 16)	
Section 8 of 9		LEAGU Yes		guia (•		
Section 8 of 9 ASSOCIATES AND BUSINESS 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	COL					

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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?	C Yes	(● No
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?	← Yes	(No
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CONDITION (See also guidan	ce on completing the f	form, note 18)
It is a condition of this tempora above include the supply of alc	ry event notice that who ohol that all such suppli	here the relevant licensable activities described in Sections 4 and 5 olies are made by or under the authority of the premises user.
PAYMENT DETAILS		
This fee must be paid to the au	thority. If you complete	e the application online, you must pay it by debit or credit card.
Fee amount (£)	21.00	
ATTACHMENTS		
AUTHORITY POSTAL ADDRES	S	

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Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
DECLARATION (See also guid	lance on completing the form, note 19)
DECLARATION	
* The information contained in	this form is correct to the best of my knowledge and belief
Ticking this box indicat	es you have read and understood the above declaration
* I understand that it is an offer	nce:
Ticking this box indicat	es you have read and understood the above declaration
	make a false statement in connection with this temporary event notice and that a person is an offence to a fine up to level 5 on the standard scale; and
Ticking this box indicat	es you have read and understood the above declaration
	l licensable activity to be carried on at any place and that a person is liable on conviction for t exceeding £20,000, or to imprisonment for a term not exceeding six months, or to both
Ticking this box indicat	es you have read and understood the above declaration
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
Full name	STEWART GIBSON
Capacity	LICENCE ACENT
Date (dd/mm/yyyy)	12/11/2020
	Add another signatory
Once you're finished you need 1. Save this form to your comp	

2. Go back to 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	sgl:456
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	
Digital Signature Informatio	n
Signer's name	
Signer's contact information	
Signing time	
Signer status	
Signature status	
Certificate issuer	
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