



Southern
Council

Before completing this notice please read the guidance notes at the end of the notice. If you are completing this notice by hand please write legibly in block capitals. ~~In all cases ensure that~~ your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

You should keep a copy of the completed notice for your records. You must send at least one copy of this notice to the licensing authority and additional copies must be sent to the chief officer of police and the local authority exercising environmental health functions for the area in which the premises are situated. The licensing authority will give to you written acknowledgement of the receipt of the notice.

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

1. The personal details of premises user (Please read note 1)	
1. Your name	
Title	Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)
Surname	SIGUENCIA CURISACA
Forenames	FRANKLIN MIGUEL
2. Previous names (Please enter details of any previous names or maiden names, if applicable. Please continue on a separate sheet if necessary)	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)
Surname	
Forenames	
3. Your date of birth	
4. Your place of birth	
5. National Insurance Number	
6. Your current address (We will use this address to correspond with you unless you complete the separate correspondence box below)	
7. Other contact details	
Telephone numbers	
Daytime	
Evening (optional)	
Mobile (optional)	
Fax number (optional)	
E-Mail Address (if available)	
8. Alternative address for correspondence (If you complete the details below, we will use this address to correspond with you)	

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)	

2. The premises	
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)	
CHRIST HIGH COMMISSION INT'L MINISTRIES RIVER OF LIFE CENTRE 12-38 HATCHAM ROAD LONDON SE15 1TW	
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	NO
Club premises certificate number	NO
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)	
IT IS A HALL, (RELIGIOUS ORGANISATION) AS PREVIOUSLY EVENTS HAS BEEN CARRIED OUT I KNOWLEDGE THERE IS NOT DANGER OF NUISANCE BRAKE OUT, PROPER FIRE EXITS IN CASE OF EVACUATION, (CONTINUE ON ADDITIONAL PAGE)	
Please describe the nature of the event below. (Please read note 5)	
THE NATURE OF THE EVENT IS A PERFORMANCE OF LIVE MUSIC FROM AN ECUADORIAN SINGER DEDICATED TO THE ECUADORIAN COMMUNITY IN LONDON. (CONTINUE ON ADDITIONAL PAGE)	

3. The licensable activities

2. THE NATURE OF THE PREMISES.

SEATING AREA FOR UP TO 500 PEOPLE (MAXIMUM CAPACITY OF THE HALL) LARGE AND SEPARATE BATHROOMS FOR THE COMFORT OF USE, TWO LARGE BAR AREAS FOR THE PROVISION OF FOOD AND DRINKS, A LARGE STAGE THEATER FOR LIVE MUSIC PRESENTATIONS.

2. THE NATURE OF THE EVENT.

- SECURITY SERVICES WILL BE IN PLACE FROM TAURUS SECURITY
- ALL ATTENDANTS WILL BE MAINLY ECUADORIANS.
- STRICTLY I.D. CHECKS AND NO UNDERAGE WILL BE ALLOWED.
- MAXIMUM NUMBER OF PEOPLE INCLUDING STAFF AT ANY ONE TIME WILL BE . 350 - 400.
- ON SAT/27/02/2016 DOOR WILL BE OPEN AT 10 PM. AND EVENT WILL FINISH AT 4 AM.
- AS A PERSONAL LICENCE HOLDER WILL MAKE ANY EFFORT POSSIBLE TO SERVE ALCOHOL MODERATELY AND AVOID ANY DISORDER, FOR THIS TYPE OF EVENTS I HAVE A REPUTABLE EXPERIENCE HAVING ORGANISED THOSE TYPE OF EVENTS FOR THE PAST 3 YEARS AT MY OWN BUSINESS (RESTAURANT). 12 EVENTS PER YEAR AT CITY OF LONDON BOROUGH.

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)	SAT. 27/02/16
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)	
FROM: 22:00 ON THE 27/02/16. TO: 03:00 ON THE 28/02/16 (5 HOURS)	
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)	400.
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		
Licence number		
Date of issue		
Date of expiry		
Any further relevant details		

5. Previous temporary event notices you have given (Please read note 13)

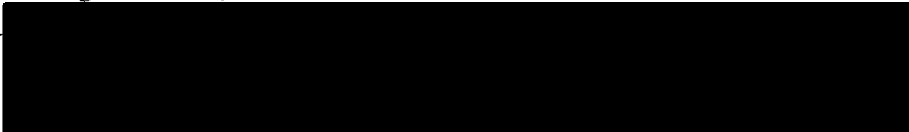
Have you previously given a temporary event notice in respect of any premises for events falling in the same calendar year as the event for which you are now giving this temporary event notice? (Please mark an "X" in the box that applies to you)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If answering yes, please state the number of temporary event notices you have given for events in that same calendar year		
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 checked="" 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 at least one copy 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 checked="" 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 checked="" 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 checked="" 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	13/01/2016
Name of Person signing	FRANKLIN MIGUEL SIGUENCIA CURISACA.

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	

General

By post or in person by appointment during office hours

Southwark Licensing Team

Community Safety EHTS,
3rd Floor Hub 2
160 Tooley Street
PO Box 64529
London SE1 5LX

E-mail: licensing@southwark.gov.uk

Commissioner of Police for the Metropolis

The Chief Officer of Police

PC Graham White and PC Ian Clement

Southwark Police Licensing Unit
Southwark Police Station
323 Borough High Street
London
SE1 2ER
Tel: 0207 232 6756

The Environmental Protection Team (dealing with nuisance issues)

C/O Southwark Community Safety Enforcement Business Unit

Health & Safety Licensing EPT
3rd Floor Hub2
160 Tooley Street
PO Box 64529
London
SE1 5LX

The police and local authority and exercising environmental health as above address exercising environmental health functions may intervene on the grounds of any of the four licensing objectives (the prevention of crime and disorder, public safety, the prevention of public nuisance, and the protection of children from harm) to prevent the occurrence of an event at which permitted temporary activities are to take place or to agree a modification of the arrangements for such an event. However, the licensing authority will intervene of its own volition in the cases described below.

First, it will issue a counter notice if there is an objection to a late temporary event notice (see note 7 below).

Secondly, it may issue a notice in relation to its decision to impose conditions on a temporary event notice (see note 2 below).

Thirdly, it will issue a counter notice if the first, second and fourth of the limits set out below would be exceeded. If any of the limits below are breached or if a counter notice has been issued, any licensable activities taking place would be unauthorised and the premises user would be liable to prosecution. The limitations apply to:

- the number of times a person (the "premises user") may give a temporary event notice (50 times per year for a personal licence holder and 5 times per year for other people);
- the number of times a person (the "premises user") may give a late temporary event notice (10 times per year for a personal licence holder and 2 times per year for other people);



17 January 27 February 2016

CHRIST HIGH COMMISSION INT'L MINISTRIES

River Of Life Centre

BOOKING FORM

17-18 Riverside Road, London SE15 1TW
Tel: 020 8812 1000
Fax: 020 8812 1001

27/02/2016

By completing and returning this form you are deemed to have accepted the terms and conditions of the booking form.

Client Name: [Redacted] Address: [Redacted] Post Code: E18 6G3

Purpose/Event Type: CONED 5/10/15 Time: 10:00-11:00 Approx. No of Guests: 100

Day of Week: Mon Tue Wed Thu Fri Sat Sun Year: 2016

Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Live Band: Yes No Ticket Form: Yes No Sale of Alcohol: Yes No

Additional Hall (Hassons Hall): _____ Hall Total Charges: £ 7,350.00

Security (Mandatory): _____ Max Refundable Deposit: £ 1000

Balance to pay: £ 2,700.00

BOOKING TERMS AND CONDITIONS
PAYMENT TERMS: ALL PAYMENTS MUST BE MADE DIRECTLY INTO OUR BANK ACCOUNT...
CANCELLATION NOTICE: 3 MONTHS BEFORE THE DATE OF THE EVENT...
There is no refund for cancellation notice less than 3 months before the event date.

Reliable Precautionary Deposit (PPD) of £1000 must be paid...
YOUR BANK DETAILS: [Redacted]

USE OF CONFERENCE HALL IS STRICTLY PROHIBITED FOR ANY PURPOSES...
We warrant that the information provided on this form is true and correct...

[Redacted Signature]

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