

TCE01

LONDON LOCAL AUTHORITIES ACT 1990
Application to Stage an Event in Ilford Town Centre

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

1. Company/Charity/Organisation name in full (if applicable)

2. Name of Applicant in full (if a Company, full name of Company Secretary)

Mr/Mrs/Miss/Ms

Company Registration Number

Applicant or Company Address

Telephone No.(s) (Business hours)

3. Please give details of the nature of the proposed event

4. What date(s) will the event be held?
.....

5. What times will the event be held?
.....

6. Where in the Town Centre do you wish to hold the event be held?

(please be specific e.g. outside no XXX High Road. Events are usually restricted to the area in front of "Harrison Gibson" and are not permitted immediately in front of the Town Hall)

**7. Has this event been held previously?
If yes, please give details:**

YES / NO

8. Please give the size of the area you wish to occupy? If a display trailer is involved please give dimensions of the trailer.

9. How many people will be working at the event?.....

10. How many people are expected to attend the event?.....

**11. Give details of public liability insurance cover?
(please attach a copy)**

12. Will everything be removed overnight?

YES / NO

If no, please give details & confirm what security measures will be in place

13. Can any equipment/trailers etc be easily moved to give access to emergency services?

YES / NO

If no, please give details

[Empty text box for details]

14. Will any music be involved?

YES / NO

15. If yes will any amplification be involved?

YES / NO

If yes, please give details

[Empty text box for details]

16. Will any literature be given out?

YES / NO

If yes, please enclose a copy

17. Do you carry a first aid box?

YES / NO

18. Do you carry appropriate firefighting equipment?

YES / NO

17. Will any form of power generation be involved?

YES / NO

If yes, please give details

[Empty text box for details]

18. Will you require a power supply from the Council?

YES / NO

(A separate fee may be payable based on consumption)

If yes, please give details

[Empty text box for details]

CERTIFICATION: I, (full name), on behalf of (name of company or organisation), certify the information I have given in this application is correct *

(Signed) **(Date)**

Please return your completed application to: Licensing Authority, Community Safety, London Borough of Redbridge, 10th Floor Lynton House Rear, 255-259 High Road, ILFORD, Essex IG1 1NN.

*** A false declaration will invalidate your application and may lead to the cancellation of the Permit, without notice, compensation or any refund of any unexpired portion of the permit.**

Information provided in this application will be held on our computers and manual records. It will be used to assess your application and may be shared with other departments within the London Borough of Redbridge, The Metropolitan Police, The London Fire & Emergency Planning Authority, sub-contractors contracted to provide any support, administration or similar service and any other parties we are required to consult. It may be disclosed where required by law or in connection with legal or regulatory proceedings. Where the public are entitled to object to a licence or we are required to maintain a public register. Details of licences and applications may be published on the Council's website.