

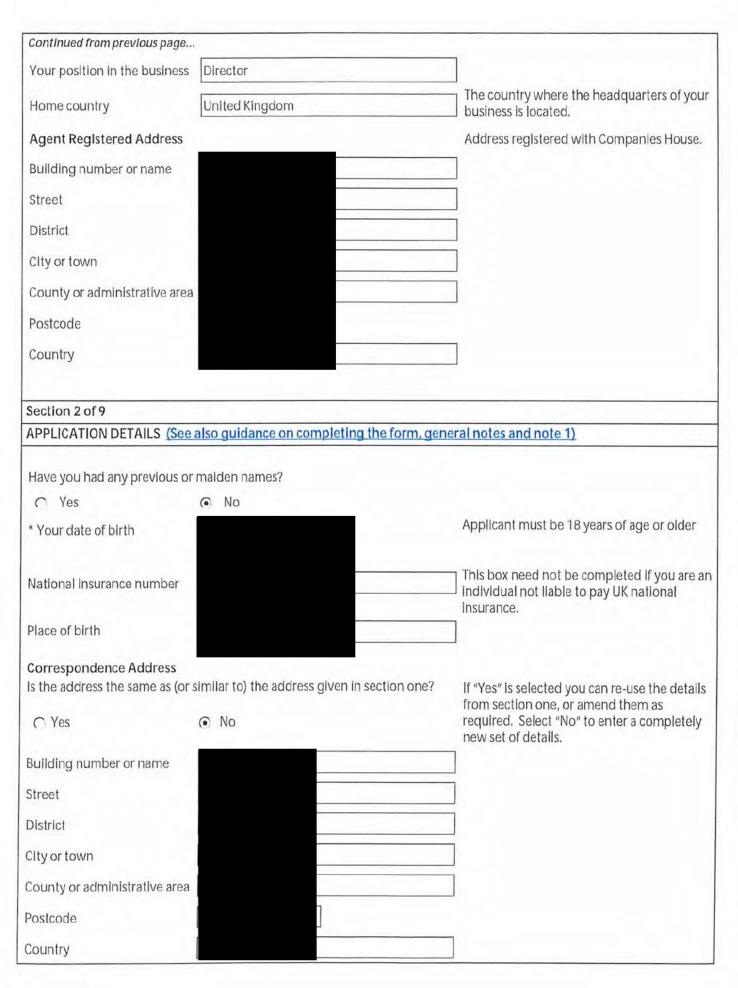
Boston Temporary Event Notice Licensing Act 2003 0 1 JUL 2025

For help contact

Ilcensing@boston.gov.uk
Telephone: 01205 314235

Section 1 of 9		
	y time and resume it later. You do not need to b	pe 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	TEN1 5-9 New Street Boston Lincolnshire PE21 6LP	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 l	behalf of the applicant?	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	Rldvan	
* Family name	Demirci	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the ap	plicant would prefer not to be contacted by tele	ephone
Is the applicant:		
Applying as a businessApplying as an individ	s or organisation, including as a sole trader lual	A sole trader is a business owned by one 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		
ls the applicant's business registered in the UK with Companies House?	C Yes C No	Note: completing the Applicant Business section is optional in this form.
Is the applicant's business registered outside the UK?	C Yes No	
Business name		If the applicant's business is registered, use its registered name.
VAT number -		Put "none" If the applicant is not registered for VAT.

Continued from previous page		
Legalstatus	Please select	
Applicant's position in the business		
Home country	United Kingdom	The country where the applicant's headquarters are.
Applicant Business Address		If the applicant has one, this should be the
Building number or name		applicant's official address - that is an address required of the applicant by law for receiving communications.
Street		receiving communications.
District		
City or town		
County or administrative area		
Postcode		
Country	United Kingdom	
Agent Details		
* First name	Serhan	
* Family name	Senyurek	
* E-mail	llcensinghub@seandse.co.uk	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	uld prefer not to be contacted by telephone	
Are you:		
 An agent that is a busin 	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual acti	ing as an agent	psicon mineral any eposial logar on accessor
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	11745429	
Business name	Se & Se Consultancy 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	



Continued from previous page		
Additional Contact Details		
Are the contact details the sar	me as (or similar to) those 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.
E-mall		
Telephone number		
Other telephone number		
Section 3 of 9		
THE PREMISES		
activity at the premises descri	give notice under section 100 of the Licensing Ad lbed below. Ises where you intend to carry on the licensable Idnance Survey references). (See also guidance of	activities or if it has no address give a detailed
* Does the premises have an		STOOM Pleasing the Territories and
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
∩ Yes	No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name	5-9	
* Street	New St.	
District		
* City or town	Boston	
County or administrative area	a	
* Postcode	PE21 6LP	
* Country	United Kingdom	
* Does a premises licence or o to the premises (or any part of	club premises certificate have effect in relation of the premises)?	
Neither	ses licence Club premises certificate	
Location Details		
* Provide further details abou	ut the location of the event	
Whole premises(but event is	for consumption off the premises)	
	file and the address of the section	riet the greate which this notice applies give a
If you intend to use only part description and details below	of the premises at this address or intend to rest (see also guidance on completing the form, no	ote 3)

Continued from previo	us page	
Describe the nature of	of the premises below (see also guidance on co	ompleting the form, note 4)
Off Licence		empleting the formation of
On Electric		
Describe the nature of	of the event below (see also guidance on comp	pleting the form, note 5)
Sale of Alcohol off the	e premises and extension of opening hours	
Section 4 of 9		
LICENSABLE ACTIVIT	TES	
State the licensable a	ctivities that you intend to carry on at the prei	mises
☑ The sale by fetal	ii of alcorioi	
☐ The supply of all member of the c	cohol by or on behalf of a club to, or to the ord club	der of, a
☐ The provision of	regulated entertainment	(See also guidance on completing the form, note 7).
☐ The provision of	late night refreshment	
☐ The giving of a la	ate temporary 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,
Event Dates		note 8).
There must be a perio	d of at least 10 working days between the dat g these premises for licensable activities.	te you submit this form and the date of the earliest event
State the dates on whi	ich you intend to use these premises for licens	sable activities
(see also guidance on	completing the form, note 9)	
Event start date	18 / 07 / 2025 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	24 / 07 / 2025 dd mm yyyy	

Continued from previous page	
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 (see also guidance on completing the form, note 11)	Note that the maximum number of people cannot exceed 499.
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	
C Both	
Section 5 of 9	
RELEVANT ENTERTAINMENT (See also guidance on completing the for	
State if the licensable activities will include the provision of relevant entertain period that you propose to provide relevant entertainment	nment. If so, state the times during the event
Section 6 of 9 PERSONAL LICENCE HOLDERS (See also guidance on completing the for	rm, note 14)
Do you currently hold a valld personal licence? Yes No	
Provide the details of your personal licence below.	
Issuing licensing authority	
Licence number	
Date of Issue	
Any further relevant details	

Continued from previous page										
Section 7 of 9										
PREVIOUS TEMPORARY EVEN	NT N	OTICES	(See also	guida	nce on c	ompletin	g 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?	C	Yes		•	No					
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?	0	Yes		•	No					
Section 8 of 9										
ASSOCIATES AND BUSINESS	COL	LEAGUE	ES (See al.	so gui	dance or	comple	ting the for	m, note 1	<u>6)</u>	
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		С	No					
State the total number of temporary event notices your associate(s) have given for events in the same calendar year	1									
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	0	Yes		•	No					
b) Begins 24 hours or less after the event period proposed in this notice?										

Continued from previous page... Has any person with whom you are in business carrying on licensable activities given a temporary event notice for an Yes · No event in the same calendar year as the event for which you are now giving a temporary event notice? 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 C Yes @ No period: a) Ends 24 hours or less before: or b) Begins 24 hours or less after the event period proposed in this notice?

Section 9 of 9

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 summary conviction for any such offence to a fine of any amount: and
- * (ii) to permit an unauthorised activity to be carried on at any place and that a person is liable on summary conviction for any such offence to a fine of any amount, or to imprisonment for a term not exceeding six (6) months, or both.
 - PRIVACY NOTICE We are required by law to protect your privacy and inform you how your information may be used. The Licensing team collect your personal information to process and manage your application Some of your information may be made available on a publicly available register as required by relevant legislation. The information provided by you may also be used for legitimate reasons by other departments of Boston Borough Council and other lawful agencies.
- * These reasons may include but are not limited to: prevention of crime, detection of fraud and public safety. In some cases information relating to your applications may be requested under the Freedom of Information Act, this council will review these requests to consider if it is lawful to comply. The Council takes your privacy seriously. The Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about the information we have about you, or the way we use your information please contact the Council.
- ☐ 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?"

Continued from previous page	
* Full name	Serhan Senyurek
* Capacity	Agent
* Date	01 / 07 / 2025 dd mm yyyy
	Add another signatory
2. Go back to https://www.go continue with your application	puter by clicking file/save as bv.uk/apply-for-a-licence/temporary-event-notice/boston/apply-1 to upload this file and
OFFICE USE ONLY	
Applicant reference number	TEN1 5-9 New Street Boston Lincolnshire PE21
Fee pald	
Payment provider reference	
ELMS Payment Reference	
ELMS Payment Reference Payment status	
ELMS Payment Reference Payment status Payment authorisation code	
ELMS Payment Reference Payment status Payment authorisation code Payment authorisation date	
ELMS Payment Reference Payment status Payment authorisation code Payment authorisation date Date and time submitted	
Payment provider reference ELMS Payment Reference Payment status Payment authorisation code Payment authorisation date Date and time submitted Approval deadline Error message	





0 1 JUL 2025

Boston Temporary Event Notice Licensing Act 2003

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Telephone: 01205 314235

Section 1 of 9		* required information
	y time and resume it later. You do not need to b	ne loaged in when you resume
		This is the unique reference for this
System reference	N otCurrently In Use	application generated by the system.
Your reference	TEN1 5- 9N ewStreet Boston Lincolnshire PE2 6LP	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 b	pehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes	No	work for.
Applicant Details		
* First name	Ridvan	
* Family name	Demirci	
* E- mail		
Main telephone number	G.	Include country code.
Other telephone number		
☐ Indicate here if the ap	plicant would prefer not to be contacted by tele	ephone
Is the applicant:		
Applying as a business	s or organisation, including as a sole trader	A sole trader is a business owned by one
C Applying as an individ	ual	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?	C Yes	N ote:completing the Applicant Business section is optional in this form.
Is the applicant's business registered outside the UK?	C Yes • No	
Business name		If the applicant's business is registered, use its registered name.
VAT number		Put "none" if the applicant is not registered for VAT.

Continued from previous page		
Legal status	Please select	
Applicant's position in the business		The state of the same linear t
Home country	United Kingdom	The country where the applicant's headquarters are.
Applicant Business Address		If the applicant has one, this should be the applicant's official address - that is an
Building number or name		address required of the applicant by law for receiving communications.
Street		
District		
City or town		
County or administrative area		
Postcode		
Country	United Kingdom	
Agent Details		_
* First name	Serhan	
* Family name	Senyurek	
* E-mail	licensinghub@seandse.co.uk	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	uld prefer not to be contacted by telephone	
Are you:		
 An agent that is a busin 	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual acti	ing as an agent	
Agent Business		
Is your business registered in the UK with Companies House?	• Yes O No	Note: completing the Applicant Business section is optional in this form.
Registration number	11745429	
Business name	Se & Se Consultancy 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.
Agent Registered Address		Address registered with Companies House.
	59a	Address registered with companies house.
Building number or name		
Street	Turneres Hill	
District	Cheshunt	
City or town	Hertfordshire	
County or administrative area		
Postcode	EN88NT	
Country	United Kingdom	
Section 2 of 9		
APPLICATION DETAILS (See	also guidance on completing the form, gen	eral notes and note 1)
Have you had any previous or Yes * Your date of birth	No	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
Place of birth		insurance.
Correspondence Address		
	similar to) the address given in section one?	If "Yes" is selected you can re-use the details
	similar to) the address given in section one? • No	insurance.
Is the address the same as (or		If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely
Is the address the same as (or Yes		If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely
Is the address the same as (or Yes Building number or name		If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely
Is the address the same as (or Yes Building number or name Street		If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely
Is the address the same as (or Yes Building number or name Street District	© 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
Is the address the same as (or Yes Building number or name Street District City or town	© 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

Continued from previous page		
Additional Contact Details		
Are the contact details the sa	me 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		
Telephone number		
Other telephone number		
Section 3 of 9		
THE PREMISES		
activity at the premises descr Give the address of the prem	give notice under section 100 of the Licensing Adibed below. ibes where you intend to carry on the licensable dnance Survey references). (See also guidance of	activities or if it has no address give a detailed
* Does the premises have an	address?	
Yes	O 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
	No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name	5-9	
* Street	New St.	
District		
* City or town	Boston	
County or administrative area	a]
* Postcode	PE21 6LP	
* Country	United Kingdom	
* Does a premises licence or of to the premises (or any part of	club premises certificate have effect in relation f the premises)?	
Neither	ses licence Club premises certificate	
Location Details		
* Provide further details abou	it the location of the event	
Whole premises(but event is	for consumption off the premises)	
If you intend to use only part description and details below	of 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)

Continued from previous page	
Describe the nature of the premises below (see also guidance on	completing the form, note 4)
Off Licence	
Describe the nature of the event below (see also guidance on cor	mpleting the form, note 5)
Sale of Alcohol off the premises and extension of opening hours	
Section 4 of 9	
LICENSABLE ACTIVITIES	
State the licensable activities that you intend to carry on at the p (see also guidance on completing the form, note 6):	premises
The supply of alcohol by or on behalf of a club to, or to the member of the club	order of, a
☐ The provision of regulated entertainment	(See also guidance on completing the form, note 7).
☐ The provision of late night refreshment	
☐ The giving of a late temporary 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	
There must be a period of at least 10 working days between the when you will be using these premises for licensable activities.	date you submit this form and the date of the earliest event
State the dates on which you intend to use these premises for lice	censable activities
(see also guidance on completing the form, note 9)	
Event start date 28 / 07 / 2025 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 03 / 08 / 2025 dd mm yyyy	

O the office and a series and a	
Continued from previous page	
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 (see also guidance on completing the form, note 11) If the licensable activities will include the supply of alcohol, state whether the	Note that the maximum number of people cannot exceed 499.
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	
O Both	
Section 5 of 9	
RELEVANT ENTERTAINMENT (See also guidance on completing the form	m, note 13)
State if the licensable activities will include the provision of relevant entertain period that you propose to provide relevant entertainment	ment. If so, state the times during the event
Section 6 of 9 PERSONAL LICENCE HOLDERS (See also guidance on completing the form	m, note 14)
Do you currently hold a valid personal licence? Yes O No	
Provide the details of your personal licence below.	
Issuing licensing authority	
Licence number	
Date of issue	
Any further relevant details	

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Section 7 of 9						
PREVIOUS TEMPORARY EVEN	TNO	OTICES ((See also guid	anc	e 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			lo	
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	2					
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?	0	Yes	() N	No	
Section 8 of 9						
ASSOCIATES AND BUSINESS	COL	LEAGUES	S (See also g	uida	ance 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?	0	Yes	(6	1 0	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 b) Begins 24 hours or less after the event period proposed in this notice?	0	Yes	(1 0	No	

Continued from previous page					
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?	0	Yes	•	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?	С	Yes	•	No	
Coation O of O				88	

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 summary conviction for any such offence to a fine of any amount: and
- (ii) to permit an unauthorised activity to be carried on at any place and that a person is liable on summary conviction for any such offence to a fine of any amount, or to imprisonment for a term not exceeding six (6) months, or both.
 - PRIVACY NOTICE We are required by law to protect your privacy and inform you how your information may be used. The Licensing team collect your personal information to process and manage your application Some of your information may be made available on a publicly available register as required by relevant legislation. The information provided by you may also be used for legitimate reasons by other departments of Boston Borough Council and other lawful agencies.
- These reasons may include but are not limited to: prevention of crime, detection of fraud and public safety. In some cases information relating to your applications may be requested under the Freedom of Information Act, this council will review these requests to consider if it is lawful to comply. The Council takes your privacy seriously. The Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about the information we have about you, or the way we use your information please contact the Council.
- X 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?"

Continued from previous page						
* Full name	Serhan Senyurek					
* Capacity	Agent 01 / 07 / 2025 dd mm yyyy					
* Date						
Once you're finished you nee	Add another signatory					
 Save this form to your com Go back to 						