

**SL08**

**SOUTH LAKELAND DISTRICT COUNCIL**  
**Public Health & Licensing Group, South Lakeland House, Lowther Street,**  
**Kendal, Cumbria LA9 4UD**  
**Tel: 0845 050 4434 Fax: (01539) 740300**  
 www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk

**Application to vary a premises licence under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

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

You may wish to keep a copy of the completed form for your records.

**I/We** \_\_\_\_\_

*(Insert name(s) of applicant)*

**being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below**

**Premises licence number**

PL(A)0373

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description

WATERSIDE CAFE  
KENT VIEW

Post town

KENDAL

Postcode

LA9 4DZ

Telephone number at premises (if any)

01539729743

Non-domestic rateable value of premises

£ 23.250 (ESTIMATED)

**Part 2 – Applicant details**

Daytime contact telephone number			
E-mail address (optional)	WATERSIDEKENDAL@GMAIL.COM		
Current postal address if different from premises address			
Post town		Postcode	

**Part 3 - Variation**

Please tick as appropriate

Do you want the proposed variation to have effect as soon as possible?

☒ Yes☐ No

If not, from what date do you want the variation to take effect?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please describe briefly the nature of the proposed variation** (Please see guidance note 1)

WATERSIDE CAFE OFFERS VEGETARIAN AND VEGAN FOOD FOR OVER 30 YEARS.  
 WE HAVE RECENTLY EXTENDED THE CAFE INTO ADJACENT PROPERTY TO  
 CREATE ADDITIONAL DINING EXPERIENCE (INCREASE OF CAPACITY OF GUESTS)  
 WE HAVE CURRENTLY A LICENCE TO SELL ALCOHOL INSIDE THE PREMISES.  
 THE PROPOSED VARIATION IS TO ALLOW THE SALE OF ALCOHOL ON AND OFF PREMISES  
 REMOVE CONDITIONS 2 AND 3 UNDER GENERAL

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend:

**Part 4 Operating Schedule**

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

**Provision of regulated entertainment**

**Please tick all that apply**

- a) plays (if ticking yes, fill in box A) ☐
- b) films (if ticking yes, fill in box B) ☐
- c) indoor sporting events (if ticking yes, fill in box C) ☐
- d) boxing or wrestling entertainment (if ticking yes, fill in box D) ☐
- e) live music (if ticking yes, fill in box E) ☐
- f) recorded music (if ticking yes, fill in box F) ☐
- g) performances of dance (if ticking yes, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) ☐
- i) Provision of late night refreshment (if ticking yes, fill in box I) ☐
- j) Sale by retail of alcohol (if ticking yes, fill in box J) ☒

**In all cases complete boxes K, L and M**

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

## B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)</u>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u>		
Mon					
Tue					
			<u>State any seasonal variations for the exhibition of films (please read guidance note 4)</u>		
Wed					
Thur					
			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)</u>		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					



F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)</u>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u>		
Mon					
Tue					
			<u>State any seasonal variations for the playing of recorded music (please read guidance note 4)</u>		
Wed					
Thur					
			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)</u>		
Fri					
Sat					
Sun					

G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Wed			<b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing	
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Wed				
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)	
Fri				
Sat			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Sun				

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b><u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri					
			<b><u>Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					

K

<p><b>Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children</b> (please read guidance note 8).</p>
---

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			<b><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u></b> (please read guidance note 5)
Sat			
Sun			

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking.

Please tick as appropriate

- I have enclosed the premises licence ☒
- I have enclosed the relevant part of the premises licence ☐

If you have not ticked one of these boxes, please fill in reasons for not including the licence or part of it below

Reasons why I have not enclosed the premises licence or relevant part of premises licence.

## M

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

### a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

ALL STAFF SHALL BE TRAINED TO COMPLY WITH THE REQUIREMENTS OF THE LICENCING ACT 2003  
TRAINING RECORDS ARE KEPT ON THE PREMISES

### b) The prevention of crime and disorder

CCTV SYSTEM COVERING PUBLIC AREA SHALL BE INSTALLED  
IMAGES RECODED FOR MIN 28 DAYS AVAILABLE FOR ENFORCEMENT REQUEST  
APPROPRIATE SIGNAGE ALERTING CUSTOMERS TO USE OF CCTV WILL BE DISPLAYED IN A CONSPICUOUS POSITION AT THE PREMISES  
A TRAINED MANAGER OR SUPERVISOR WILL ORDINARILY BE ON DUTY  
THE EXCESSIVE DRINKING WILL NEVER BE PERMITTED  
THE PREMISES SHALL OPERATE ZERO TOLERANCE DRUG POLICY

### c) Public safety

RISK ASSESSMENT OF THE PROPERTY  
FIRE DETECTION SYSTEM, SIGNAGE AND EMERGENCY EXIT CLEARLY SIGNED  
ACCIDENT BOOK ON THE SITE TO RECORD INCIDENTS  
BARRIERS AROUND OUTSIDE AREA (REMOVED OVERNIGHT)

**d) The prevention of public nuisance**

DELIVERIES SCHEDULED AT ALL TIMES TO PREVENT NUISANCE TO NEIGHBOURS  
 NO LOUD MUSIC PLAYED  
 A CLEAR, LEGIBLE SIGN WILL BE DISPLAYED REQUESTING TO AVOID CAUSING  
 NIOSE, NUISANCE OR DISTURBANCE UPON LEAVING THE PREMISES  
 ALL SEATING OUTISE SHALL BE REMOVED THE LATEST AT 23.00  
 NO DRINKING OUTSIDE AFTER 22.30

**e) The protection of children from harm**

STAFF TRAINED IN CHALLENGE 25  
 INCIDENT LOG KEPT ON SITE  
 NO IS- NO SALE POLICY  
 PROOF OF AGE WILL BE CHECKED (PASSPORT, ID WITH PHOTOGRAPH AND DATE  
 OF BIRTH  
 PASS CARD WITH HOLOGRAM, A UK PHOTOCARD DRIVING LICENCE, ANY OTHER FORM OF  
 IDENTIFICATION AGREED WIT REPRESENTATIVE OF THE POLICE LICENCING UNIT)

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I understand that I must now advertise my application. ☒
- I have enclosed the premises licence or relevant part of it or explanation. ☒
- I understand that if I do not comply with the above requirements my application will be rejected. ☒

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 5 – Signatures** (please read guidance note 10)

**Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent** (please read guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	OWNER AND PERSONAL LICENCE HOLDER

**Where the premises licence is jointly held, signature of 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent** (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	



Capacity			
<b>Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 13)</b>     			
Post town			Post code
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

### Notes for Guidance

**This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence, you should make a new premises licence application under section 17 of the Licensing Act 2003.**

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example state type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

All dimensions are approximate and must be checked on site by the Contractor prior to the commencement of any fabrication or building works on site and where applicable, all dimensions and details are to be read in conjunction with any specialist consultant's drawings; any discrepancy between drawings is to be brought to the attention of the author prior to the commencement of any fabrication or building works.

This drawing is the property of the author and may not be reproduced without permission.

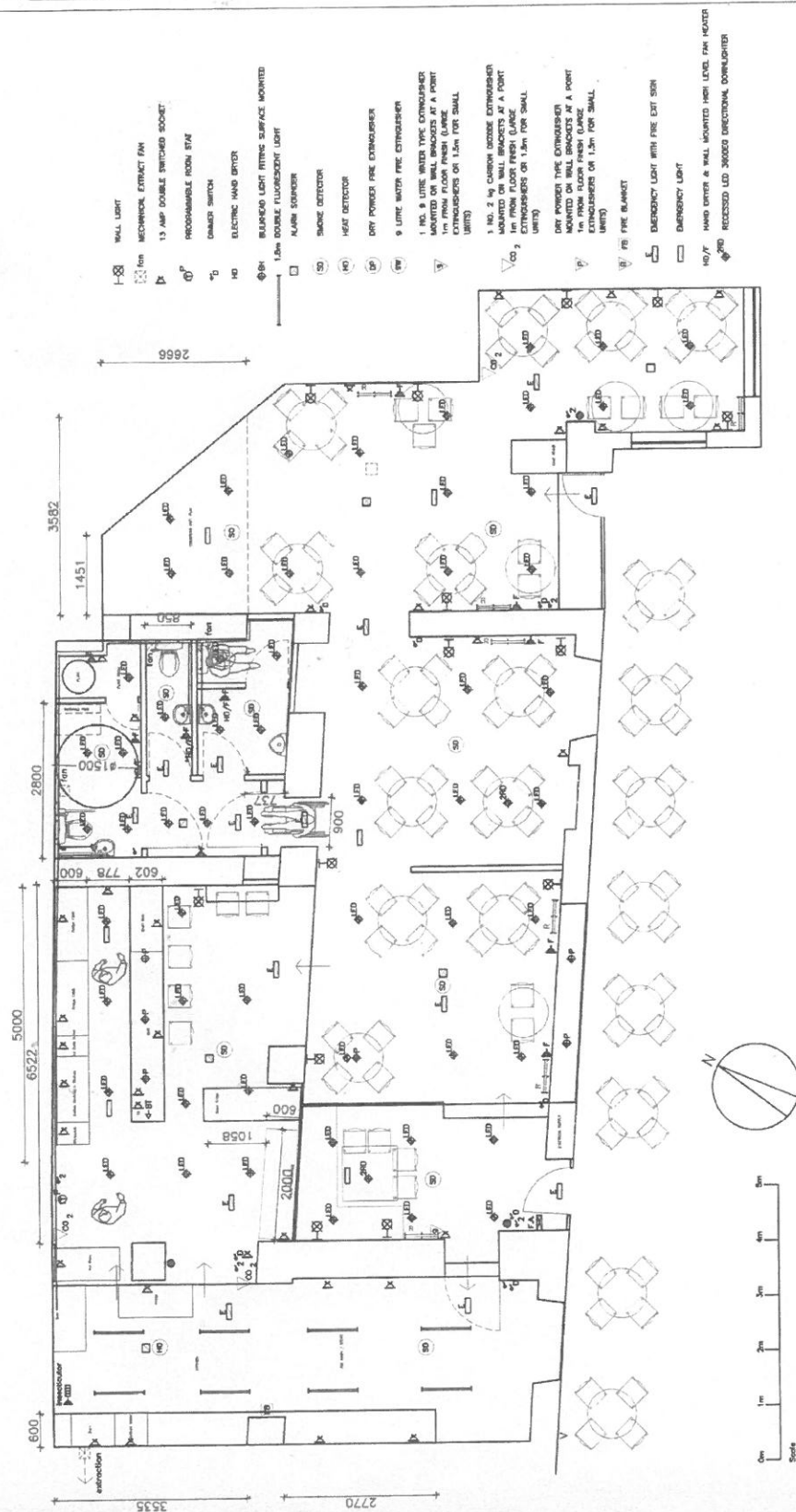
Revision	Date	Description
Rev G	10/08/16	Draft final layout for approval

Peill &amp; Nicholson

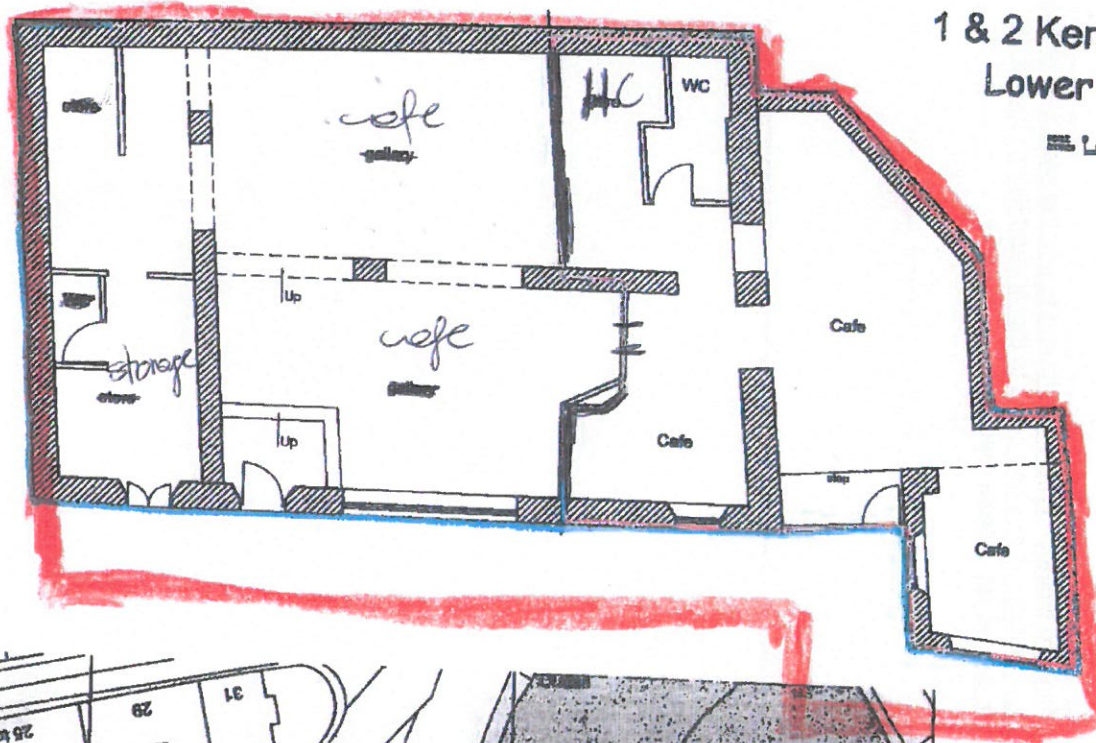
Kent View  
Kendal  
Cumbria  
LA9 4DT

Proposed

Date	June 16	Scale	NTS
Drawn	ST	Checked	ST

Drawing No  
001.01

# 1 & 2 Kent View, Kendal Lower Ground floor



Notes:

Based on survey data from an old masonry building  
so allow tolerances

Revision:

Chris Tuckey  
Surveying

Telephone: 07976 602533  
e-mail: Chris@Tuckey.co.uk

Project title: 1 & 2 Kent View  
Kendal, LA9 4DZ

Drawing title:  
Lower ground floor

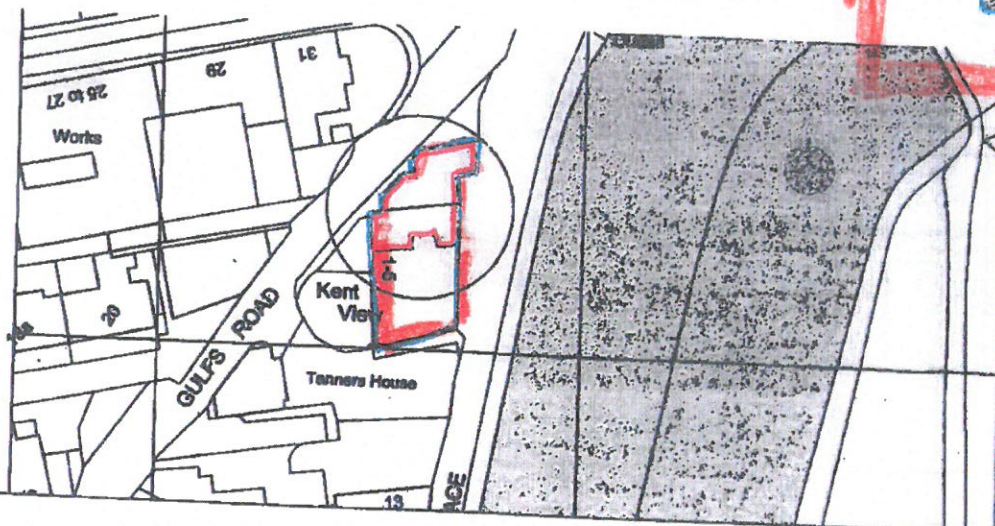
Drawing No: 182KV/04

Scale: 1:100@A3

Date: 27-08-14

Drawn by: CT

All official dimensions to be confirmed on site  
This drawing is the copyright of Chris Tuckey



Location plan  
1:500