

[Insert name and address of relevant licensing authority and its reference number (optional).]

**Application for a premises licence to be granted  
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 Angela Gunner

*(Insert name(s) of applicant)*

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description			
5 Church Street			
Post town	Bowness-on-Windermere	Postcode	LA23 3DG

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£8,700

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |                                                 |                                     |                             |
|-------------------------------------------------|-------------------------------------|-----------------------------|
| a) an individual or individuals *               | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *          |                                     |                             |
| i. as a limited company                         | <input type="checkbox"/>            | please complete section (B) |
| ii. as a partnership                            | <input type="checkbox"/>            | please complete section (B) |
| iii. as an unincorporated association or        | <input type="checkbox"/>            | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/>            | please complete section (B) |

- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)
- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☐

I am making the application pursuant to a statutory function or ☐

a function discharged by virtue of Her Majesty's prerogative ☐

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Gunner			First names Angela		
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes		
Current post different from address					
Post town			Postcode		
Daytime contact number					
E-mail address (optional)					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	1	2	2	0	1	6

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD		MM		YYYY			

Please give a general description of the premises (please read guidance note 1)

Currently a café - proposed licensed cafe

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- |                                                                                                             |                                     |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|
| a) plays (if ticking yes, fill in box A)                                                                    | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)                                                                    | <input type="checkbox"/>            |
| c) indoor sporting events (if ticking yes, fill in box C)                                                   | <input type="checkbox"/>            |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)                                        | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)                                                               | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)                                                           | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)                                                    | <input type="checkbox"/>            |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |



Provision of late night refreshment (if ticking yes, fill in box I)



Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b>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</b> (please read guidance note 5)			
Sun						

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
Thur				
Fri			<b>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</b> (please read guidance note 5)	
Sat				
Sun				

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><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></b> (please read guidance note 5)
Fri			
Sat			
Sun			

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)  Live music will take place on occasion	
Mon	0900	2300		
Tue	0900	2300		
Wed	0900	2300	<b>Q</b>	
Thur	0900	2300		
Fri	0900	2300	<b>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</b> (please read guidance note 5)  One additional hour to standard timings on the day that British Summer Time Commences	
Sat	0900	2300		
Sun	0900	2300		

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors <input checked="checked" type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	0900	2300			
Tue	0900	2300			
Wed	0900	2300	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	0900	2300			
Fri	0900	2300			
Sat	0900	2300	<b>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</b> (please read guidance note 5)  One additional hour to standard timings on the day that British Summer Time Commences		
Sun	0900	2300			

# G

Performances of dance Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
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 Karaoke on occasion such as a party booking		
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 checked="" type="checkbox"/>
Mon	0900	2300		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	0900	2300	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed	0900	2300			
Thur	0900	2300	<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	0900	2300			
Sat	0900	2300	<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	0900	2300			
			One additional hour to standard timings on the day that British Summer Time Commences		

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon	2300	0000				
Tue	2300	0000				
Wed	2300	0000	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)			
Thur	2300	0000				
Fri	2300	0000				
Sat	2300	0000	<b>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</b> (please read guidance note 5)  One additional hour to standard timings on the day that British Summer Time Commences			
Sun	2300	0000				

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption –</b> <b>please tick</b> (please read guidance note 7)	On the premises <input type="checkbox"/>
				Off the premises <input type="checkbox"/>
Day	Start	Finish		Both <input checked="" type="checkbox"/>
Mon	0900	0000	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	
Tue	0900	0000		
Wed	0900	0000		
Thur	0900	0000	<b>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</b> (please read guidance note 5)  One additional hour to standard timings on the day that British Summer Time Commences	
Fri	0900	0000		
Sat	0900	0000		
Sun	0900	0000		

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:**

Name Angela Gunner
Address     (own)
Issuing licensing authority (if known) Lancaster

K

**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 (please read guidance note 8).**  
 None

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	0900	0030	<b>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</b> (please read guidance note 5)  One additional hour to standard timings on the day that British Summer Time Commences
Tue	0900	0030	
Wed	0900	0030	
Thur	0900	0030	
Fri	0900	0030	
Sat	0900	0030	
Sun	0900	0030	

**M** Describe the steps you intend to take to promote the four licensing objectives:

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

The Cafe is located in between two other licensed premises and the intention is predominantly alcohol being served ancillary to food but will also have the facility to serve alcohol without the need to purchase food. Due to the location and the nature of the premises, this will not be a vertical drinking establishment.

A documented Challenge 25 scheme will be operated at the premises. The Challenge 25 scheme shall be actively promoted and advertised at the premises and will ensure that any person purchasing alcohol, who appears to be under 25 years of age, shall be asked to provide acceptable identification to prove that they are 18 years of age or over. Failure to supply such identification will result in no sale or supply of alcohol to that person.

The Proof of Age Standards Scheme (PASS) will be actively promoted at the premises by the display of Challenge 25 posters bearing the PASS logo.

A PASS accredited holographic proof of age card will be the main identification document accepted at the premises as proof of age. A PASS card must be accepted as proof of age if a purchaser possesses one. Where a purchaser does not possess a PASS accredited proof of age card, only the following alternative forms of alternative identification will be acceptable:-

- (a) Photo driving licence
- (b) Passport or
- (c) Her Majesty's Forces Warrant Card

To utilise and fully record any refused sales or challenges made to patrons and such records be kept in an appropriate form and be made available on inspection to the police or other authorised agency.

All staff involved with the provision of alcohol will successfully complete on-site training in age related products.

**b) The prevention of crime and disorder**

Due to the nature of the premises as a café bar, alcohol sales are intended to be predominantly ancillary to food sales but there will also be alcohol only sales for people who are seated at tables. This will not be a vertical drinking establishment but a relaxed "sit-down" atmosphere.

**c) Public safety**

The premises will comply with the Regulatory Reform Fire Safety Order 2005

d) The prevention of public nuisance

The location of the premises is unlikely to cause a nuisance as the premises either side are already licensed.

Signs will be located at the exit asking customers to leave the Premises in a quiet and orderly manner.

This is not a vertical drinking establishment.

e) The protection of children from harm

A documented Challenge 25 scheme will be operated at the premises. The Challenge 25 scheme shall be actively promoted and advertised at the premises and will ensure that any person purchasing alcohol, who appears to be under 25 years of age, shall be asked to provide acceptable identification to prove that they are 18 years of age or over. Failure to supply such identification will result in no sale or supply of alcohol to that person.

The Proof of Age Standards Scheme (PASS) will be actively promoted at the premises by the display of Challenge 25 posters bearing the PASS logo.

A PASS accredited holographic proof of age card will be the main identification document accepted at the premises as proof of age. A PASS card must be accepted as proof of age if a purchaser possesses one. Where a purchaser does not possess a PASS accredited proof of age card, only the following alternative forms of alternative identification will be acceptable:-

- (a) Photo driving licence
- (b) Passport or
- (c) Her Majesty's Forces Warrant Card

To utilise and fully record any refused sales or challenges made to patrons and such records be kept in an appropriate form and be made available on inspection to the police or other authorised agency.

All staff involved with the provision of alcohol will successfully complete training in age related products.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☒
- I understand that I must now advertise my application. ☒

- 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 4 – Sign:**

**Signature of:**  
**If signing on:**

**other duly authorised agent (see guidance note 11).**  
**in what capacity.**

Signature	
Date	
Capacity	Solicitor for the Applicant

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	

**Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)**

Andrea Forrest  
Forrest Solicitors  
Room 6, Ironworks House  
Warton Road

Post town	Carnforth	Postcode	LA5 9EX
Telephone number (if any)	01524 874810		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) andrea@forrestsolicitors.co.uk			

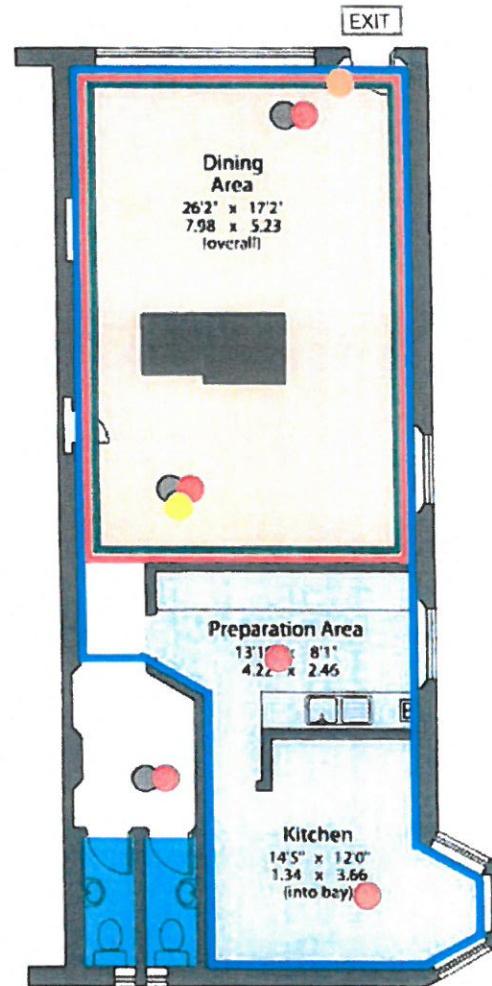
**Notes for Guidance**

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 the 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 applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

### Aunty's Kitchen

T/A The Fodder House Limited  
5 Church Street,  
Bowness on Windermere  
LA23 3DG



- Consumption of Alcohol
- Late Night Refreshment
- Regulated Entertainment

- EXIT Emergency Exit
- Emergency Lighting
- Fire Alarm Point
- Smoke Detector
- Heat Detector