

MARISKA

## SOUTH LAKELAND DISTRICT COUNCIL

[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 DAVID WRIGHT apply for a premises licence under section 17 of  
(Insert name(s) of applicant)  
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 <u>YACHT - MARISKA BERTH 13 FERRY NAB</u> <u>WINDERMERE</u> <u>CUMBRIA</u> <u>MARINA</u>	
Post town <u>WINDERMERE/BOWNESS</u>	Post code <u>LA23 3JH</u>

Telephone number at premises (if any)

NONE

Non-domestic rateable value of premises

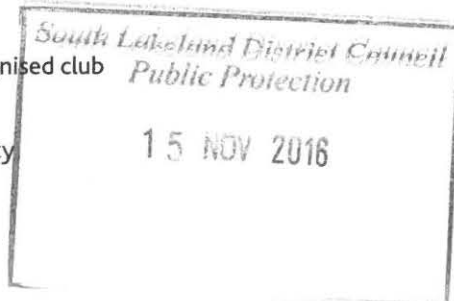
£

## Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick ☒ yes

- a) an individual or individuals\* ☒ please complete section (A)
- b) a person other than an individual\*  
 i. as a limited company ☐ please complete section (B)  
 ii. as a partnership ☐ please complete section (B)  
 iii. as an unincorporated association or ☐ please complete section (B)  
 iv. other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)

Receipt No 24-2043Initials FMEDate 10.11.16

- 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 ☐ 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:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒ Please tick ✓ yes
- 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 ☒ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname WRIGHT First names DAVID MARTIN

I am 18 years old or over

Please tick ✓ yes



Current postal address if different from premises address

Post Town

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT\_(if applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname  First names

Please tick  
✓ yes ☐

I am 18 years old or over

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?

Day	Month	Year
0	1	01
2	0	1
7		

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

Day	Month	Year

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

Please give a general description of the premises (please read guidance note1)

ON BOARD A YACHT BASED AT FERRY  
NAB MARINA WHICH WILL MOVE  
LOCATIONS ON LAKE WINDERMERE  
AS AND WHEN CHARTERED.

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

**Provision of regulated entertainment**

- |  |                          |
|--|--------------------------|
| 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 type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)  | <input 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)<br>(if ticking yes, fill in box H) | <input type="checkbox"/> |

**Provision of entertainment facilities for:**

- |  |                          |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I)  | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)   | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)<br>(if ticking yes, fill in box K) | <input type="checkbox"/> |

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

☐

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

☒

In all cases complete boxes N, O and P

# 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 [Y] (please read guidance note 2)</b>	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)	
Thur				
Fri			<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)	
Sat				
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 [Y] (please read guidance note 2)</b>	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)	
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)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			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 (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

**D**

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

# 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 [Y] (please read guidance note 2)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue			<b>State any seasonal variations for playing recorded music (please read guidance note 4)</b>		
Wed			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Thur					
Fri					
Sat					
Sun					



## G

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

Sat			<b>Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 5)
Sun			

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>		
			<b>Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoors	
				Outdoors	
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 provision of facilities for making music</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)</b>		
				Indoors	
				Outdoors	
Day	Start	Finish			
			<b>Please give a description of the facilities for dancing you will be providing</b>		

Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur			
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

# K

<b>Provision of facilities for entertainment of a similar description to that falling within I or J</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor
Mon				Outdoor
				Both
Tue			Please give further details here (please read guidance note 3)	
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)	
Fri				
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sun				

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	10.00	22.00			
Tue	10.00	22.00			
Wed	10.00	22.00	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 (please read guidance note 5)		
Thur	12.00	22.00			
Fri	10.00	22.00			
Sat	10.00	22.00			

Sun	10.00	22.00	

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

Name..... DAVID WRIGHT

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)

CHILDREN MAY BE PRESENT ON CHARTERS  
BUT WILL BE ACCOMPANIED BY PARENT OR  
RESPONSIBLE ADULT.  
NON ALCOHOL DRINKS WILL BE PROVIDED  
FOR CONSUMPTION BY CHILDREN UNDER 18.

○

<b>Hours premises are open to the public</b> Standard timings (please read guidance note 6)			<b>State any seasonal variation</b> (please read guidance note 4)
Day	Start	Finish	LIMITED CHARTERING WILL TAKE PLACE DURING WINTER PERIOD NOV TO MARCH BUT WILL DEPEND ON DEMANDS & BOOKINGS
Mon	10.00	22.00	
Tue	10.00	22.00	Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed	10.00	22.00	
Thur	10.00	22.00	
Fri	10.00	22.00	
Sat	10.00	22.00	
Sun	10.00	22.00	

P

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

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

1. CRIME & DISORDER. CHARTERS WILL BE REQUIRED TO DRINK RESPONSIBLY AND WILL BE MONITORED AT ALL TIMES.

b) The prevention of crime and disorder

RESPONSIBLE DRINKING BY CLIENTS AND MONITORED.  
EXCESSIVE DRINKING WILL NEVER BE PERMITTED DUE TO INHERENT DANGERS.

c) Public safety

WE HAVE COMPILED A DETAILED SAFETY POLICY FOR CHARTERS TOGETHER WITH RISK ASSESSMENTS. CONSUMPTION OF ALCOHOL WILL BE MONITORED & LIMITED AS NEC.

d) The prevention of public nuisance

CHARTERS WILL BE OUT ON LAKE WINDERMERE SO ANY PUBLIC NUISANCE IS UNLIKELY TO OCCUR.

e) The protection of children from harm

CHILDREN ARE WELCOME BUT WILL ALWAYS BE ACCOMPANIED BY PARENT OR RESPONSIBLE ADULT. SOFT DRINKS WILL BE AVAILABLE AND CHILDREN WILL NOT BE SERVED ALCOHOL AT ANY TIME.



Please tick ✓ yes

- 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 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 CONVICTION TO A FINE UP TO 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 – Signatures** (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 11) in what capacity.

Capacity

*PARTNER - SAILING ON WINDERMERE*

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)

Post town

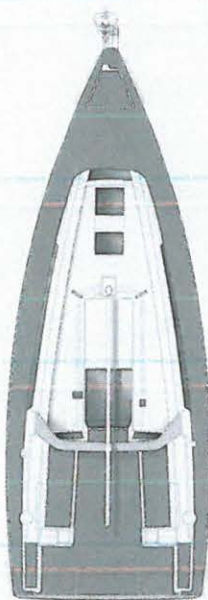
Post code

Telephone number (if any)

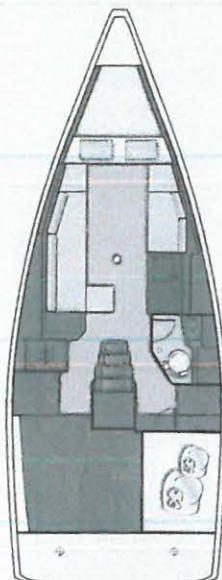
If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Oceanis 35

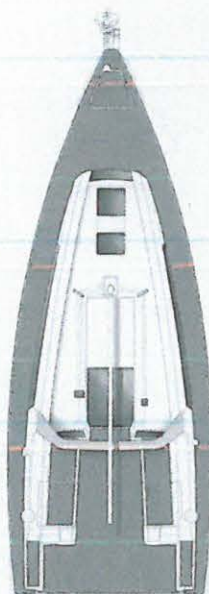
Daysailer



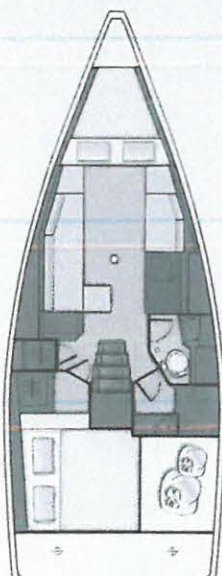
Main deck



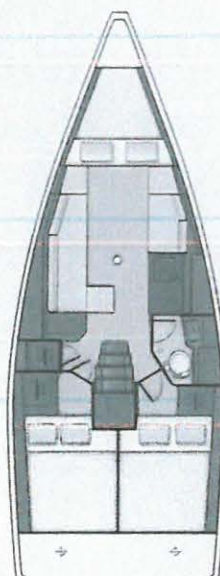
1 Cabin + 1 Toilet



Main deck



2 Convertible Cabins  
+ 1 Toilet

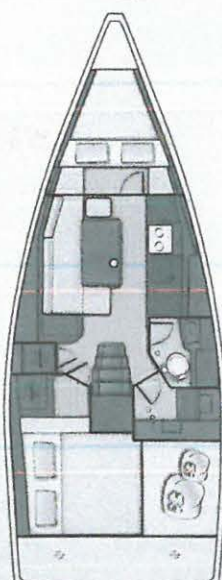


3 Convertible Cabins  
+ 1 Toilet

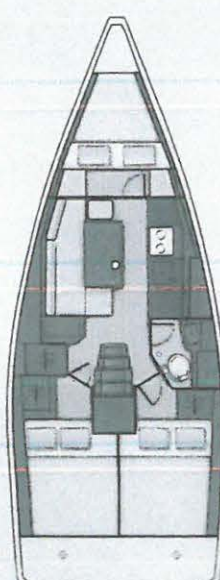
Weekender



Main deck



2 Cabins + 1 Toilet  
+ 1 separated head (option)



3 Cabins + 1 Toilet

Cruiser