

SL06

South Lakeland District Council
Public Protection

21 OCT 2016



Receipt No. 241968
Initials. EME
Date 25.10.16

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 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 KIRKBY LONSDALE BREWERY COMPANY LIMITED

(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

KIRKBY LONSDALE BREWERY
THE ROYAL BAR
NEW ROAD

South Lakeland District Council
Public Protection

25 OCT 2016

Post town	KIRKBY LONSDALE	Postcode	LA9 2AB
-----------	-----------------	----------	---------

Telephone number at premises (if any)	
---------------------------------------	--

Non-domestic rateable value of premises	£ 14,000
---	----------

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 type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" 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) ☐ 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 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)					

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	KIRKBY LOWSIDALE BREWERY COMPANY LIMITED
Address	R/O THE ORANGE TREE FAIRBANK KIRKBY LOWSIDALE LA6 2BD
Registered number (where applicable)	05673738
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	07793 149999
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
21	11	2016

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)

CONVERTED BARN / SALE ROOM.

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

N/A

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) ☐
- 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) ☐

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

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

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) POSSIBLE PROMOTION FILMS AND SPORTING EVENTS			
Mon	09.00	24.00 23.00				
Tue	09.00	24.00 23.00	State any seasonal variations for the exhibition of films (please read guidance note 4)			
Wed	09.00	24.00 23.00				
Thur	09.00	24.00 23.00	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)			
Fri	09.00	24.00 23.00				
Sat	09.00	24.00 23.00				
Sun	11.00	24.00 23.00				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon	09.00	24.00 23.00	DARTS, DOMINOES AND TRADITIONAL PUB GAMES
Tue	09.00	24.00 23.00	
Wed	09.00	24.00 23.00	
Thur	09.00	24.00 23.00	State any seasonal variations for indoor sporting events (please read guidance note 4)
Fri	09.00	24.00 23.00	
Sat	09.00	24.00 23.00	
Sun	11.00	24.00 23.00	

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)

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			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Thur				
Fri			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)	
Sat				
Sun				

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	09.00	24.00 23.00	Please give further details here (please read guidance note 3) FACILITIES TO PROVIDE LIVE MUSIC FOR EVENTS SUCH AS WEDDINGS AND PRIVATE FUNCTIONS ETC.		
Tue	09.00	24.00 23.00			
Wed	09.00	24.00 23.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	09.00	24.00 23.00			
Fri	09.00	24.00 23.00	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) NEW YEARS EVE TILL 00.30		
Sat	09.00	24.00 23.00			
Sun	11.00	24.00 23.00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	09.00	24.00 23.00	BACKGROUND MUSIC THROUGH INSTALLED SPEAKERS OR SOUND SYSTEM			
Tue	09.00	24.00 23.00				
Wed	09.00	24.00 23.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)			
Thur	09.00	24.00 23.00				
Fri	09.00	24.00 23.00	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)			
Sat	09.00	24.00 23.00	NEW YEARS EVE TILL 00.30			
Sun	11.00	24.00 23.00				

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09.00	24.00 23.00	Please give further details here (please read guidance note 3) PROVISION OF FACILITIES FOR DANCING AT FUNCTIONS AND ORGANIZE EVENTS	Both	<input type="checkbox"/>
Tue	09.00	24.00 23.00			
Wed	09.00	24.00 23.00	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	09.00	24.00 23.00			
Fri	09.00	24.00 23.00	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 (please read guidance note 5)		
Sat	09.00	24.00 23.00			
Sun	11.00	24.00 23.00			

H

Anything of a similar description to that falling within (e), (f) or (g) 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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)	
Wed				
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)	
Fri				
Sat			<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> (please read guidance note 5)	
Sun				

Late night refreshment 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 (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 provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	09.00	24.00 23.00			
Tue	09.00	24.00 23.00			
Wed	09.00	24.00 23.00			
Thur	09.00	24.00 23.00			
Fri	09.00	24.00 23.00			
Sat	09.00	24.00 23.00			
Sun	11.00	24.00 23.00			
			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)		
			NEW YEARS EVE TILL 00.30 NEW YEARS DAY		

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

Name	RICHARD STUART TAYLOR
Address	c/o KIRKBY LOWSDALE BREWERY CO. LTD. UNIT 2, OLD STATION YARD KIRKBY LOWSDALE
Postcode	LA6 2HP
Personal licence number (if known)	PA 1385
Issuing licensing authority (if known)	SOUTH LAKELAND

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

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	09.00	00.30	
		23.00	
Tue	09.00	00.30	
		23.00	
Wed	09.00	00.30	
		23.00	
Thur	09.00	00.30	
		23.00	
Fri	09.00	00.30	
		23.00	
Sat	09.00	00.30	
		23.00	
Sun	11.00	00.30	
		23.00	

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 (please read guidance note 5)

~~NEW YEARS EVE~~

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)

AN OUTLET PRIMARILY TO PROMOTE THE PRODUCTS OF THE APPLICANTS BREWERY. A BAR AND FUNCTION ROOM INCLUDING AREA SHOWING ACTUAL BREWING OF APPLICANTS BEER. ALL SALES TO BE BY APPLICANTS REPRESENTATIVES AND TRAINED STAFF. MEMBERS OF APPLICANT COMPANY HAVE EXTENSIVE EXPERIENCE IN LICENSING TRADE

b) The prevention of crime and disorder

ALL MEMBERS OF STAFF WILL BE MADE AWARE OF PROBLEMS OF DRUNKENNESS AND DISORDER AND EFFECTS ON LOCAL RESIDENTS AND COMMUNITY

c) Public safety

NONE IDENTIFIED

d) The prevention of public nuisance

STRICT SUPERVISION OF PREMISES DURING OPENING HOURS AND ON CUSTOMERS LEAVING THE PREMISES TO ENSURE NO DISTURBANCE TO NEIGHBOURS OR COMMUNITY. PREMISES CONSTRUCTED TO INCLUDE RECOMMENDATIONS OF S.L.D.C. BUILDING CONTROL RE SOUNDPROOFING OF ROOF, WALLS AND DOORS

e) The protection of children from harm

ALL STAFF WILL BE FULLY AWARE OF POTENTIAL PROBLEMS OF UNDER-AGE DRINKING. CHECKS WILL BE CARRIED OUT WHERE ANY PERSON APPEARS TO BE UNDER THE AGE OF 21YRS.

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 – Signatures (please read guidance note 10)

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

Signature	<i>W. Miller</i>
Date	<i>20/10/16 & 24/10/16</i>
Capacity	<i>SOLICITOR FOR THE APPLICANT</i>

For joint applications, signature of 2nd applicant 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.**

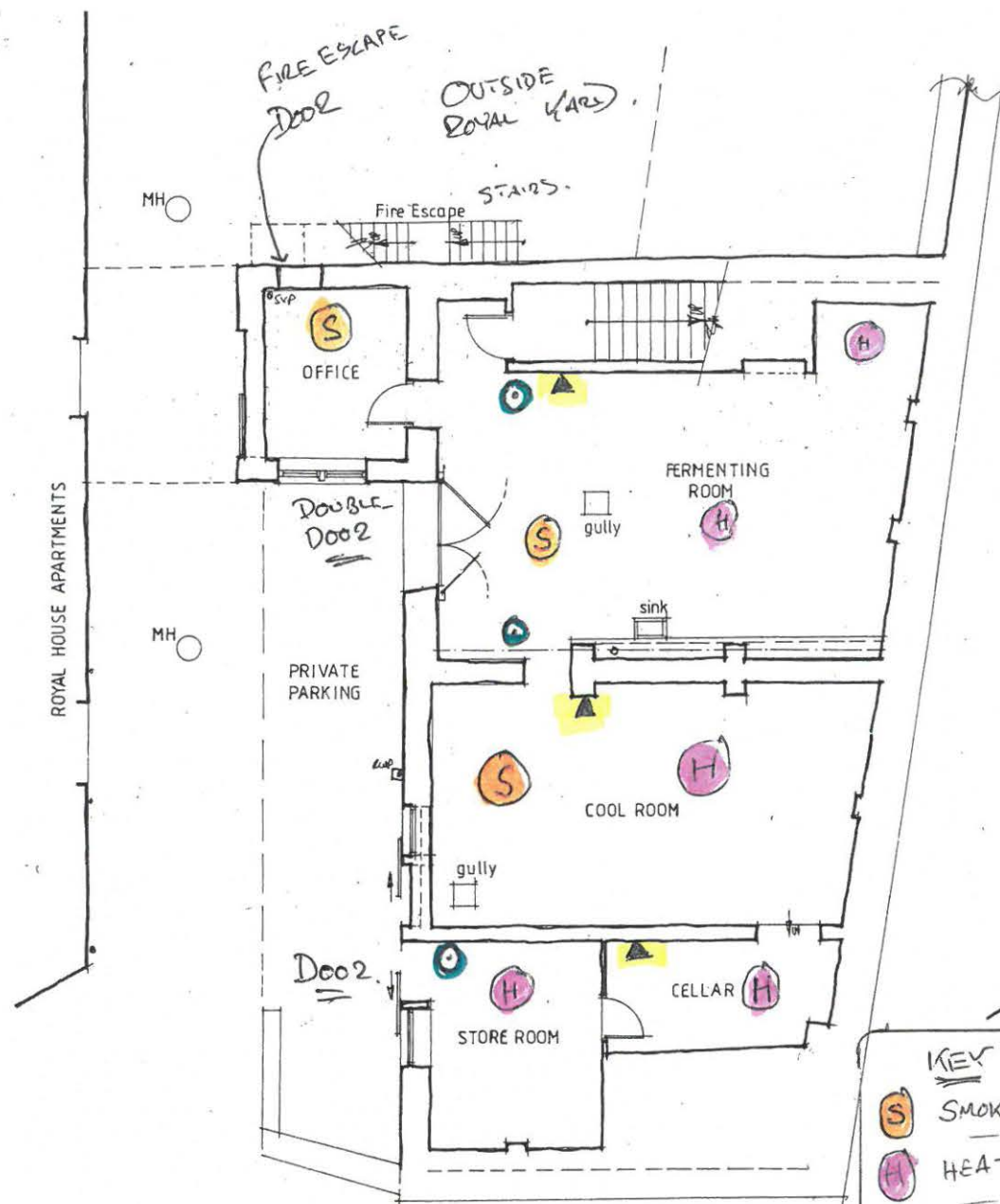
Signature	
Date	
Capacity	

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

RENSHAW'S SOLICITORS
28A FINKLE STREET
KENDAL
CUMBRIA LA9 4AB

Post town		Postcode	
Telephone number (if any)	<i>01539 740666</i>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

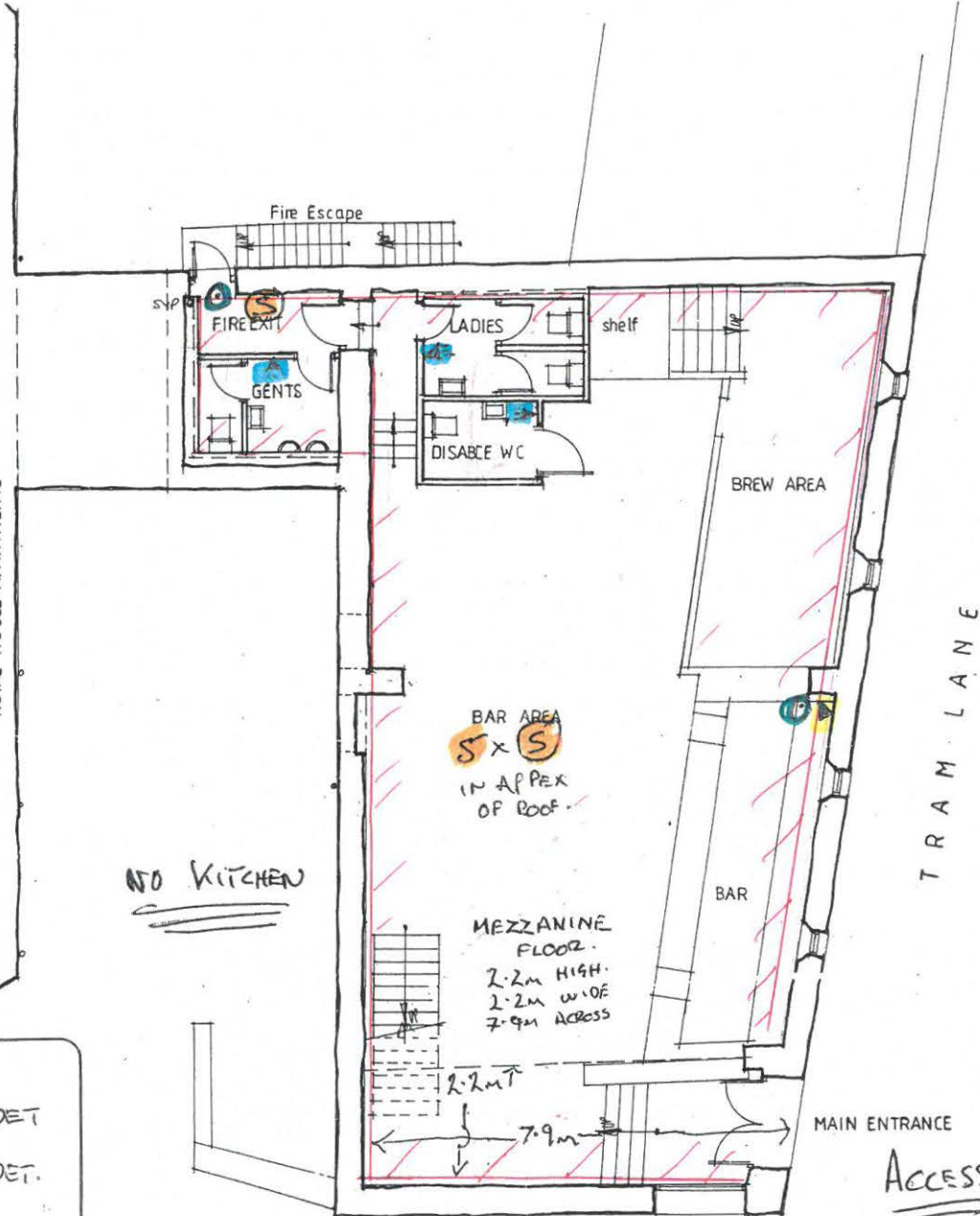
Notes for Guidance



LOWER GROUND FLOOR PLAN.



- KEY**
- S SMOKE DET.
 - H HEAT DET.
 - K SOUNDER
 - K SOUNDER-STROBE
 - C CALL POINT.
- FLOOR CONCRETE.



UPPER GROUND FLOOR PLAN.

Note: No dimensions are to be scaled from this drawing contractors must verify all dimensions on site before commencing works, preparing manufacturers drawings or ordering components. This drawing is the sole copyright of CNP Associates Limited and no part may be reproduced without their consent.

CNP Associates Ltd Chartered Building Surveyors 3 Market Square, Kirkby Lonsdale, Cumbria, LA6 2AN Tel: 015242 73228	Client: Kirkby Lonsdale Brewery Co Ltd	Scale: 1:100 (A3)	Date: Aug '16
	Project: Royal Barn, New Road, Kirkby Lonsdale, LA6 2JX	Drawing No:	Revision:
	Title: AS PROPOSED FLOOR PLANS	12/16 - 06	

SOUTH LAKELAND DISTRICT COUNCIL

Licensing Section, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD

Tel: 01539 733333 Fax: 01539 740300

www.southlakeland.gov.uk email: licensing@southlakeland.gov.uk



Part A

Consent of individual to being specified as premises supervisor

I, RICHARD STUART TAYLOR [full name of prospective premises supervisor]
of KIRKBY LONSDALE, BATHURST CR. LD., HEAT 2.00 STATION TAIL, KIRKBY
LAKESIDE, LA6 2AP [name and address of prospective premises supervisor]
hereby confirm that I give my consent to be specified as the designated
premises supervisor in relation to the application for PREMISES LICENCE [type of
application] by KIRKBY LONSDALE BATHURST CR. LD. [name of applicant]
relating to the premises licence [number of existing licence, if any]
for THE BROWN SHEDDERS, W. 50, ABER, KIRKBY LONSDALE, LA6 2AP
[name and address of premises to which the application relates]
and any premises licence to be granted or varied in respect of this application
made by KIRKBY LONSDALE BATHURST CR. LD. [name of applicant]
concerning the supply of alcohol at THE BROWN SHEDDERS, W. 50, ABER, KIRKBY
LONSDALE, LA6 2AP [name and address of premises to which application relates].
I also confirm that I am applying for, intend to apply for or currently hold a
personal licence, details of which I set out below.

Personal licence number PA1345 [insert personal licence number, if any]
Personal licence issuing authority SOUTH LAKELAND
[insert name and address and telephone number of personal licence issuing
authority, if any]

Richard S Taylor signed
Richard S Taylor name (please print)
20/10/16 dated

Part B

Consent of premises licence holder to transfer

I/we [full name of premises licence holder(s)]
the premises licence holder of premises licence number [insert
premises licence number] relating to
..... [name and address of premises
to which the application relates] hereby give my consent for the transfer of
premises licence number [insert premises licence number]
to [full name of transferee].

..... signed
..... name (please print)
..... dated