

OK TO PROCESS

Receipt No ... 476649 (008)

Initials ... EME

[Insert name and address of relevant licensing authority and its reference number (optional)]
Date ... 05.08.16**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~~ JULE WARD 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

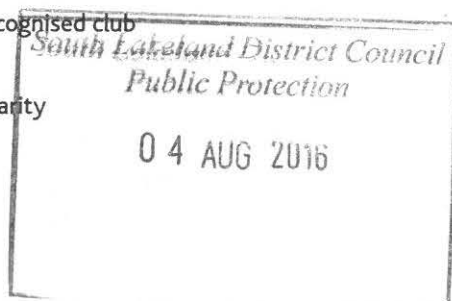
Postal address of premises or, if none, ordnance survey map reference or description <u>8 YEWDALE ROAD</u>	
Post town <u>CONISTON</u>	Post code <u>LA21 8DU</u>
Telephone number at premises (if any)	<u>01539441282</u>
Non-domestic rateable value of premises	<u>£ 4,100</u>

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)



- 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:

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

Surname WARD First names JULIE

Please tick ☒ yes

I am 18 years old or over ☒

Current postal address if different from premises address

8- YEWDALE ROAD.

Post Town

CONISTON

Postcode

LA21 8DU

Daytime contact telephone number

015394 41284

E-mail address (optional)

newsgirl297@gmail.com

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
01	09	2016

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)

GROUND FLOOR RETAIL UNIT IN A TERRACE OF OTHER SHOPS + BUSINESSES. THE SHOP IS TO THE FRONT WITH 2 STORE ROOMS TO THE REAR. THERE IS LIVING ACCOMODATION ABOVE OVER TWO FLOORS.

WE SELL A VARIETY OF PRODUCTS INCLUDING, NEWSPAPERS, CONFECTIONERY, GIFTS, GREETINGS CARDS + CELEBRATION BALLOONS.

WE WOULD LIKE TO SELL A VARIETY OF WINES, SPIRITS + BEERS BUT CONCENTRATING ON LOCAL CRAFT BEERS AND LOCALLY PRODUCED SPIRITS + LIQUEURS.

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)
(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)
(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

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 [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
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 [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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			
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

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 [Y] (please read guidance note 2)	
Day	Start	Finish	Indoors	Outdoors
Mon				
Tue				
Wed				
Thur				
Fri				
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 [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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 [Y] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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 [Y] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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	Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor	
				Outdoor	
				Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur					
Fri					

Sat			<u>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 (please read guidance note 5)</u>
Sun			

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	
Day	Start	Finish	Indoors	
			Outdoors	
			Both	
Mon			<u>Please give further details here (please read guidance note 3)</u>	
Tue				
Wed			<u>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</u>	
Thur				
Fri			<u>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 (please read guidance note 5)</u>	
Sat				
Sun				

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

Mon			<u>Please give further details here</u> (please read guidance note 3)
Tue			
Wed			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)
Thur			
Fri			<u>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</u> (please read guidance note 5)
Sat			
Sun			

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>	
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick [X]</u> (please read guidance note 2)	Indoor
				Outdoor
Mon				Both
Tue			<u>Please give further details here</u> (please read guidance note 3)	
Wed				
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k</u> (please read guidance note 4)	
Fri				
Sat			<u>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</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 [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

Supply of alcohol 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	
					Off the premises	<input checked="" type="checkbox"/>
					Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Mon	0800	2300				
Tue	0800	2300				
Wed	0800	2300	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	0800	2300				
Fri	0800	2300				
Sat	0800	2300				

Sun	0800	2300	

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

Name.....JULIE WARD.....
Address.....3 YEND ROAD.....
.....
Postcod.....
Personal Licence number(if known)
Issuing licensing authority (if known)..SOUTH LAKE LAND DISTRICT COUNCIL..

N

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)

O

Hours premises are open to the public
Standard timings (please read guidance note 6)

Day	Start	Finish
Mon	0645	2300
Tue	0645	2300
Wed	0645	2300
Thur	0645	2300
Fri	0645	2300
Sat	0645	2300
Sun	0645	2300.

State any seasonal variation (please read guidance note 4)

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)

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)

STAFF WILL BE MADE AWARE OF THEIR RESPONSIBILITIES TO PROMOTE THE FOUR LICENSING OBJECTIVES,

b) The prevention of crime and disorder

STAFF WILL NOT ACCEPT DISORDERLY CONDUCT, ALCOHOL WILL NOT BE CONSUMED ON THE PREMISES.

A SECURITY ALARM IS INSTALLED,

c) Public safety

NO ALCOHOL WILL BE SERVED TO CUSTOMERS SUSPECTED OF BEING DRUNK OR UNDER THE INFLUENCE OF DRUGS,

FIRE EXTINGUISHERS + SMOKE ALARMS ARE INSTALLED AND REGULARLY CHECKED,

d) The prevention of public nuisance

ALCOHOL CONSUMPTION IS NOT PERMITTED IN THE SHOP,

ANYONE CONSUMING ALCOHOL IN THE CLOSE VICINITY OF THE SHOP WILL BE ASKED TO ~~TO~~ MOVE ON,

e) The protection of children from harm

NO ALCOHOL SALES TO UNDER 18's, NO PROXY SALES, WE WILL OPERATE A CHALLENGE 25 POLICY. STAFF WILL BE MADE AWARE OF HOW TO CHECK THE PROOF OF AGE DOCUMENT AND WHEN AND HOW TO REFUSE A SALE.

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) If sign _____ se state in what capacity.

Signature
.....

Date.....

Capacity
.....

OWNER

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)

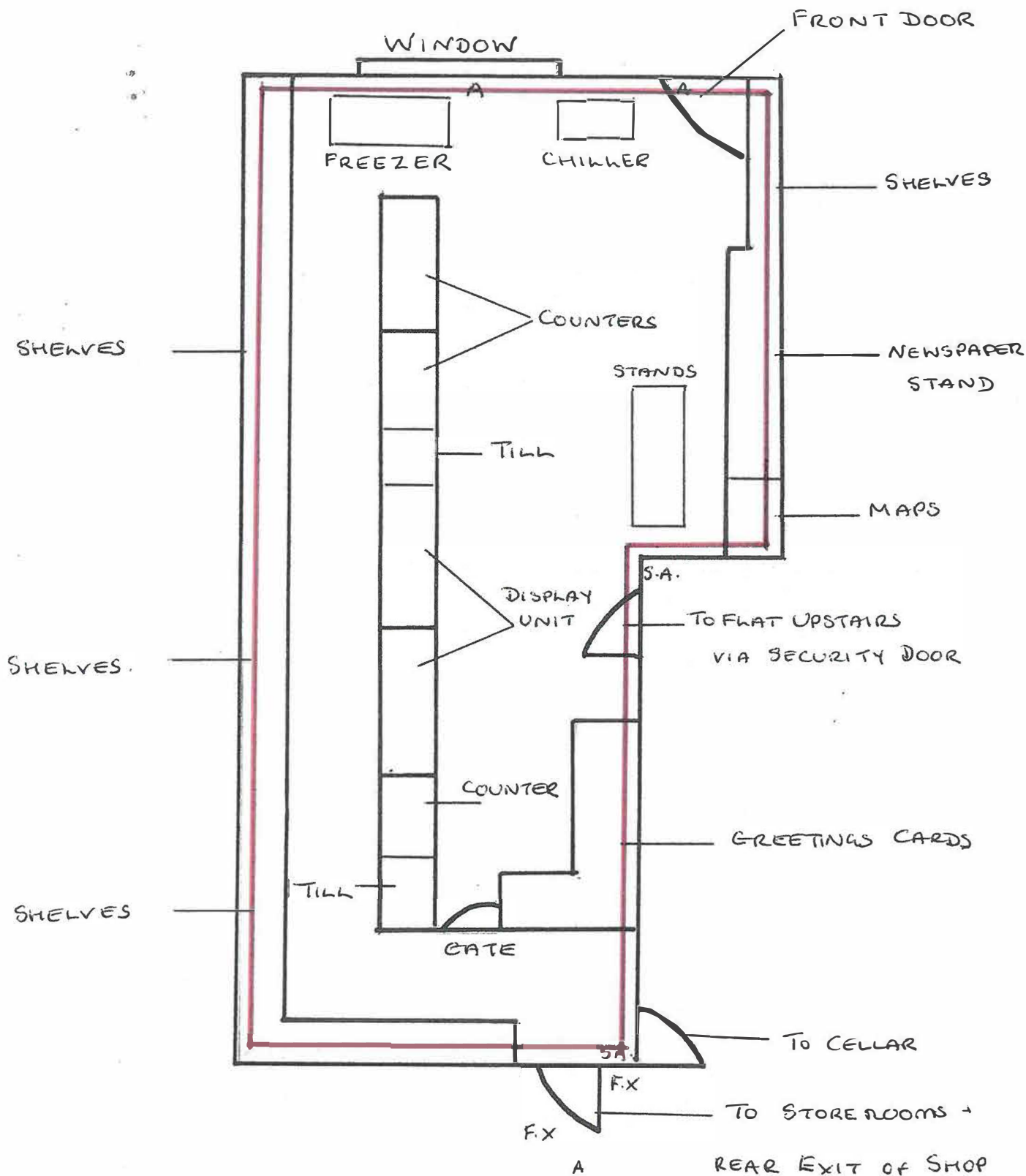
Post town


Post code

Telephone number (if any)

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

YEWDALE ROAD



 ALCOHOL WILL BE
DISPLAYED AND SOLD
WITHIN THIS AREA

S.A. = SMOKE ALARM
F.X. = FIRE EXTINGUISHER
A. = ALARM SENSORS.