

PL(A)035568.



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**SOUTH LAKE LAND 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](http://www.southlakeland.gov.uk) e-mail: [licensing@southlakeland.gov.uk](mailto: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 GRASMERE WEAVERS LTD

(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			
UNIT 2, THE OLD COACH HOUSE STOCK LANE GRASMERE			
Post town	GRASMERE	Postcode	LA22 9SL

Telephone number at premises (if any)	015394 35475
Non-domestic rateable value of premises	£ 19000.00

**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)            |

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY  
01 05 2016 OR ASAP.

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)

RETAIL GIFT SHOP & POST OFFICE LOCAL  
THE MAIN BUSINESS BEING SELLING RETAIL  
GOODS, 1 OF 3 UNITS IN SMALL COMPLEX  
ALCOHOL TO BE SOLD AS A GIFT PRODUCT AND  
WILL NOT BE CONSUMED ON THE PREMISES

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) ☐
- 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

**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 <b>ROGER HALLIDAY</b>	
Description of applicant (for example, partnership, company, unincorporated association etc.) <b>LIMITED COMPANY COMPRISING ONE INDIVIDUAL + 1 SHOP.</b>	
Telephone number (if an	
E-mail address (optional)	

# A

<b>Plays</b> 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"/>
Day	Start	Finish			Both <input type="checkbox"/>
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

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films 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				
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)	
Thur				
Fri				
Sat			<b><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</u></b> (please read guidance note 5)	
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			
Fri			<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)
Sat			
Sun			

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment 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				
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)	
Thur				
Fri				
Sat			<b><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></b> (please read guidance note 5)	
Sun				

# E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
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 performance of live music</u></b> (please read guidance note 4)			
Thur						
Fri			<b><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></b> (please read guidance note 5)			
Sat						
Sun						



# F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music 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						
Wed			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b><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</u></b> (please read guidance note 5)			
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					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri					
Sat			<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)		
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				

<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 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					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri					
Sat			<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)		
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</b> – <u>please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	9 AM	6 PM			
Tue	9 AM	6 PM			
Wed	9 AM	6 PM			
Thur	9 AM	6 PM			
Fri	9 AM	6 PM			
Sat	9 AM	6 PM			
Sun	9 AM	6 PM	<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)		

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

Name	ROGER HALLIDAY	
F		
Personal licence number (if known)		
Issuing licensing authority (if known)		

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).

N/A 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	18:00	N/A
Tue	09:00	18:00	
Wed	09:00	18:00	
Thur	09:00	18:00	
Fri	09:00	18:00	
Sat	09:00	18:00	
Sun	09:00	18:00	
			<p><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)</p> <p>NA</p>

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	
Date	
Capacity	

**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)

R HALLIDAY  
GRASMERE WEAVERS LTD  
STOCK LANE

Post town	GRASMERE	Postcode	LA22 9SL
Telephone number (if any)	015394 35475		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**Notes for Guidance**

**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)**

STRICT MANAGEMENT CONTROLS & EFFECTIVE TRAINING OF ALL STAFF SO THAT THEY ARE AWARE OF THE PREMISES LICENSE & THE REQUIREMENTS TO MEET THE FOUR OBJECTIVES WITH PARTICULAR ATTENTION TO: - a) NO SELLING ALCOHOL TO UNDERAGE PEOPLE, b) NO DRUGS + DISORDERLY BEHAVIOUR ON THE PREMISES c) VIGILANCE IN PREVENTING THE USE OR SALE OF ILLEGAL DRUGS d) NO VIOLENT & ANTI SOCIAL BEHAVIOUR. e) NO HARM TO CHILDREN.

CLEAR "CHALLENGE 25" INFORMATION TO PREVENT SUPPLY OF ALCOHOL TO UNDER-AGE CUSTOMERS, OPERATING SCHEDULE SHOWING HOURS + LICENSABLE

NO ALCOHOL TO BE SOLD ON THE PREMISES WHEN THE DESIGNATED ACTIVITIES. PREMISES SUPERVISOR IS NOT ON SITE.

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

SHOP IS PROTECTED BY STATE OF THE ART ALARM SYSTEM WITH ~~6~~ 6 INTERNAL SENSORS AND DOOR SENSORS BY ROMEC SECURITY WHICH CONNECTS TO THE POLICE

CLEAR NOTICE OUTSIDE PREMISES INDICATING THE NORMAL HOURS UNDER TERMS OF PREMISES LICENSE DURING WHICH LICENSING ACTIVITIES ARE PERMITTED

NO ALCOHOL TO BE SOLD TO INTOXICATED CUSTOMERS  
ALCOHOL STOCKS TO BE KEPT IN STAFF AREA "OUT OF SIGHT"

**c) Public safety**

FIXED INTERNAL LIGHTING

WELL TRAINED STAFF ADHERENCE TO ENVIRONMENTAL HEALTH REQUIREMENTS TRAINING AND IMPLEMENTATION OF UNDERAGE ID CHECKS (PHOTO ID ONLY)

LOG BOOK SHALL BE KEPT IN THE PREMISES IN WHICH PARTICULARS OF INSPECTIONS, + INFORMATION COMPILED TO COMPLY WITH ANY PUBLIC SAFETY CONDITIONS ATTACHED TO THE PREMISES LICENSE THAT REQUIRES THE RECORDING OF SUCH INFORMATION. ~~THIS LOG~~ ~~WILL BE~~ ALL PARTS OF PREMISES + FITTINGS WILL BE MAINTAINED AT ALL TIMES IN GOOD ORDER AND IN A SAFE CONDITION.

**d) The prevention of public nuisance**

CUSTOMERS WILL NOT BE PERMITTED TO ENTER PREMISES OUTSIDE NORMAL WORKING HOURS OF. 9AM - 6PM.

ALCOHOL CONSUMPTION WILL NOT BE PERMITTED AT ANY TIME ON THE PREMISES AND A NOTICE WILL BE PUT UP STATING NO ALCOHOL TO BE CONSUMED IN OR AROUND THE PREMISES. AT ANY TIME.

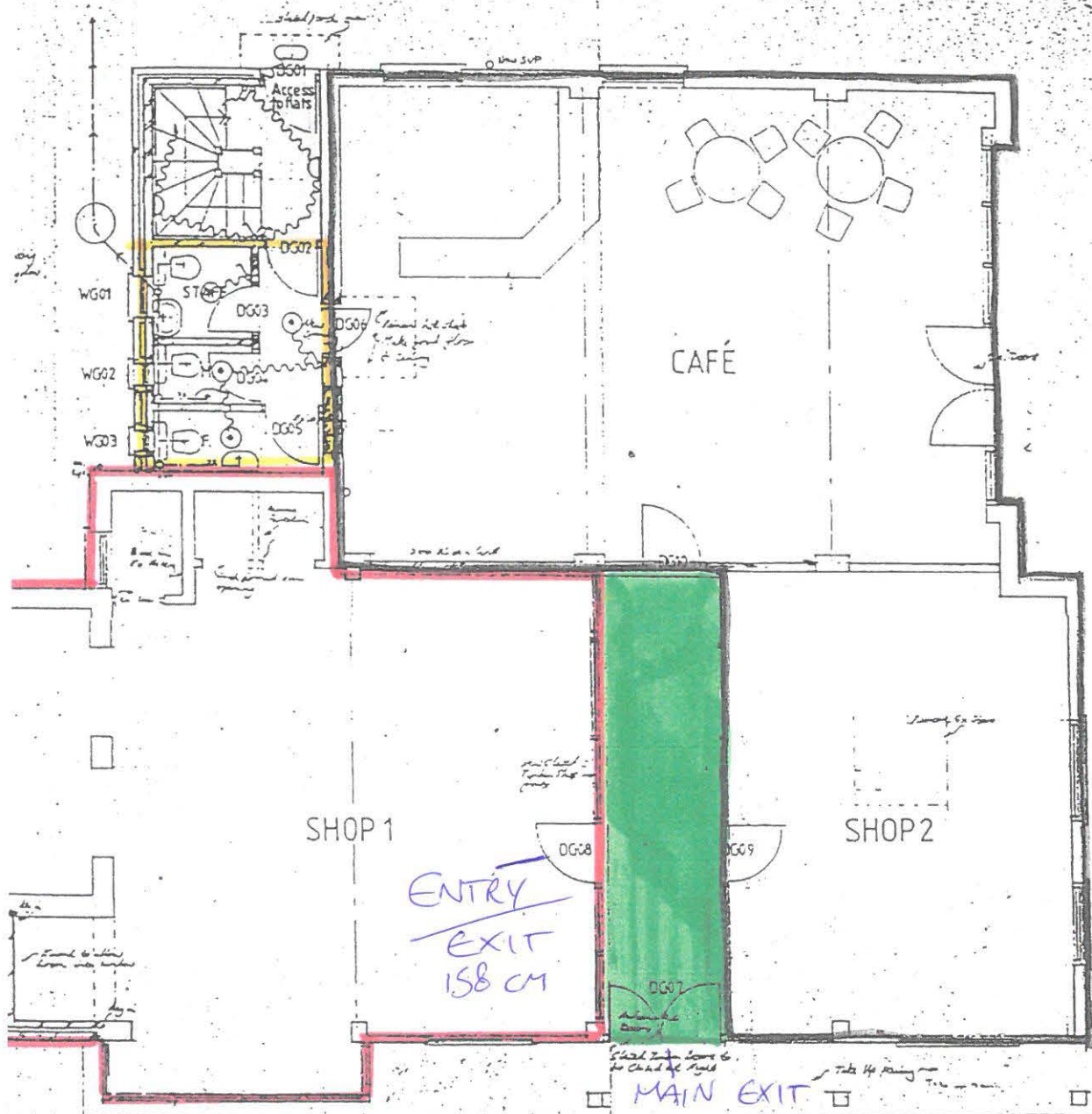
**e) The protection of children from harm**

"CHALLENGE 25" SIGN, WHICH ENCOURAGES ANYONE OVER 18 BUT LOOKS UNDER 25 TO CARRY PHOTO ID (PASSPORT, DRIVE LICENSE, OVER 18 .ID. CARD), IF THEY WISH TO BUY ALCOHOL, ANYONE UNABLE TO PRODUCE VALID PHOTO I.D. WILL BE REFUSED SALE. TRAINING RECORD BOOK TO BE KEPT ON SITE AT ALL TIMES AND WILL CONTAIN DETAILS OF STAFF TRAINING + A RECORD OF ALL PERSONS REFUSED SALE.

**Checklist:**



# PLAN No 1



GROUND FLOOR 1:50

GRASMERE WEAVERS MARKED OUT IN RED.