

SOUTH LAKELAND DISTRICT COUNCIL
Licensing Team, Public Health Group, Neighbourhood Services Directorate,
South Lakeland House, Lowther Street
Kendal Cumbria LA9 4QD
Tel: 01539 733333 Fax: 01539 740300
www.southlakeland.gov.uk email 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 BICI CAFÉ 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 1 THE GILL			
Post town	ULVERSTON	Postcode	LA12 7BJ

Telephone number at premises (if any)	01229 581833 (TO BE CONNECTED)
Non-domestic rateable value of premises	£5,100 BUT PENDING RE-ASSESSMENT DUE TO SPLIT OF 1 AND 1A THE GILL INTO BUSINESS (1 THE GILL) AND RESIDENTIAL (1A THE GILL)

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 ☐ 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 BICI CAFÉ LIMITED
C/O THE MCCAY PARTNERSHIP UNIT 24 CAPITAL BUSINESS CENTRE 22 CARLTON ROAD SOUTH CROYDON SURREY CR2 0BS
Registered number (where applicable) 09492770
Description of applicant (for example, partnership, company, unincorporated association etc.) PRIVATE COMPANY LIMITED BY SHARES, INCORPORATED AND REGISTERED IN ENGLAND & WALES
Telephone number (if any) 01229 581833 (CONNECTED BUT NOT YET IN OPERATION)
E-mail address (optional) 

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
2	5	0	7	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)

CAFÉ SERVING DAYTIME SELECTION OF LIGHT BITES FOLLOWED BY EVENING MENU OF WOOD-FIRED PIZZAS. WE AIM TO SERVE HOT DRINKS, SOFT DRINKS, WINES, BOTTLED BEERS AND A SMALL SELECTION OF COCKTAILS, APPERITIFS AND DIGESTIVES THROUGHOUT SERVICE. THE CAFÉ IS THE SOLE OCCUPANT OF THE GROUND FLOOR OF A TWO-STOREY PROPERTY IN A TOWN CENTRE LOCATION, FRONTING ONTO THE GILL, WITH A SIDE RETURN ONTO UPPER BROOK STREET. THE AREA HAS A MIX OF COMMERCIAL AND RESIDENTIAL USE, ON-STREET PARKING AND NEARBY CAR PARKS. THE PROPERTY HAS BEEN REFURBISHED RECENTLY WITH ROBUST FIRE AND SOUND-PROOFING THAT MEETS OR EXCEEDS APPLICABLE REGULATION STANDARDS, AND THE OWNERS/MANAGERS WILL LIVE IN THE FLAT ON THE FIRST FLOOR. THE CAFÉ CONSISTS OF AN OPEN-PLAN CUSTOMER AREA WITH AN OPEN KITCHEN COUNTER AND TABLES/CHAIRS, SEATING AROUND 24 – 28 PEOPLE, ONE ACCESSIBLE (DISABLED) TOILET, A "BACK KITCHEN" FOR WASHING UP AND STORAGE, STAFF WC, FOOD AND DRINK STORE AND A BIN STORE.

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)

X

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"/> 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 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)			<u>Will the exhibition of films 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 the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
Sat					
Sun					

C

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

D

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

E

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

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance 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 the performance of dance</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
Sat					
Sun					

H


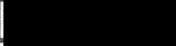
Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing	
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please 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	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)			
Wed			<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)			
Thur						
Fri						
Sat						
Sun						

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <u>please tick</u> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) NEW YEARS' EVE – WE PROPOSE TO SUPPLY ALCOHOL UNTIL 2AM ON NEW YEARS' DAY		
Mon	09.00	23.00			
	-	-			
Tue	09.00	23.00			
Wed	09.00	23.00			
Thur	09.00	23.00			
Fri	09.00	23.00			
			<u>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</u> (please read guidance note 5)		
Sat	09.00	23.00			
Sun	09.00	23.00			

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

Name KATRINA LOUISE ALLISON	
Address 	
Postcode	
Personal licence number (if known) PA035417	
Issuing licensing authority (if known) SOUTH LAKELAND DISTRICT COUNCIL	

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

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) NEW YEARS' EVE – WE PROPOSE TO BE OPEN UNTIL 2AM ON NEW YEARS' DAY
Day	Start	Finish	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)
Mon	09.00	23.00	
	-	-	
Tue	09.00	23.00	
Wed	09.00	23.00	
Thur	09.00	23.00	
Fri	09.00	23.00	
Sat	09.00	23.00	
Sun	09.00	23.00	

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)

We intend to have a personal licence holder on the premises for at least 90% of the time when alcohol is being served, and all staff will be fully trained on licensing and safety issues. We will only serve alcohol with food and not on its own.

b) The prevention of crime and disorder

We will have anti-drugs policies and notices regarding the dangers of alcohol, as well as our policy on age restrictions (we will challenge anyone who appears to be under 25). We will provide adequate lighting outside the premises, and there is also a street lamp attached to the frontage of the building. We will only serve alcohol with food, and will not allow alcohol to be consumed outside the premises. We will communicate openly with the police and all relevant authorities, and co-operate and/or participate with any local initiatives.

c) Public safety

We will be fully compliant with all fire, health & safety requirements, including the provision of emergency lighting, additional escape routes and accommodation limits (an all-seating policy). We will have first aid provisions – we will also have a first aider on the staff and will provide basic first aid training to all staff.

d) The prevention of public nuisance

We have adequate sound-proofing in the building. The windows are fixed, and the door will be kept closed at most times during service. Recorded music will be played at background level. We will ask customers to leave quietly and respect local residents, and will put up a sign to this effect. To the extent external areas are used, this will be during the daytime and alcohol will not be served. The café will not undertake deep-fat frying and all appliances, extractors and flues will be DEFRA compliant/exempt and/or compliant with clean air legislation. Waste will be kept to a minimum, including using a waste disposal unit for food waste – recyclables and other waste will be kept inside within our bin store area, and collected during business hours. There is a public street lamp attached to the frontage of the building - signage lights will be less strong than that light, and will be switched off before the street lamp goes off.

e) The protection of children from harm

We will challenge any customers who appear to be under 25, asking to view proof of age cards, and will have signage to that effect. We will require any under-18s to be accompanied by an adult after 20.00.

Checklist:


Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X

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	17/06/2016
Capacity	KATRINA ALLISON, DIRECTOR, BICI CAFÉ LIMITED

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)

KATRINA ALLISON

Post town

Postcode

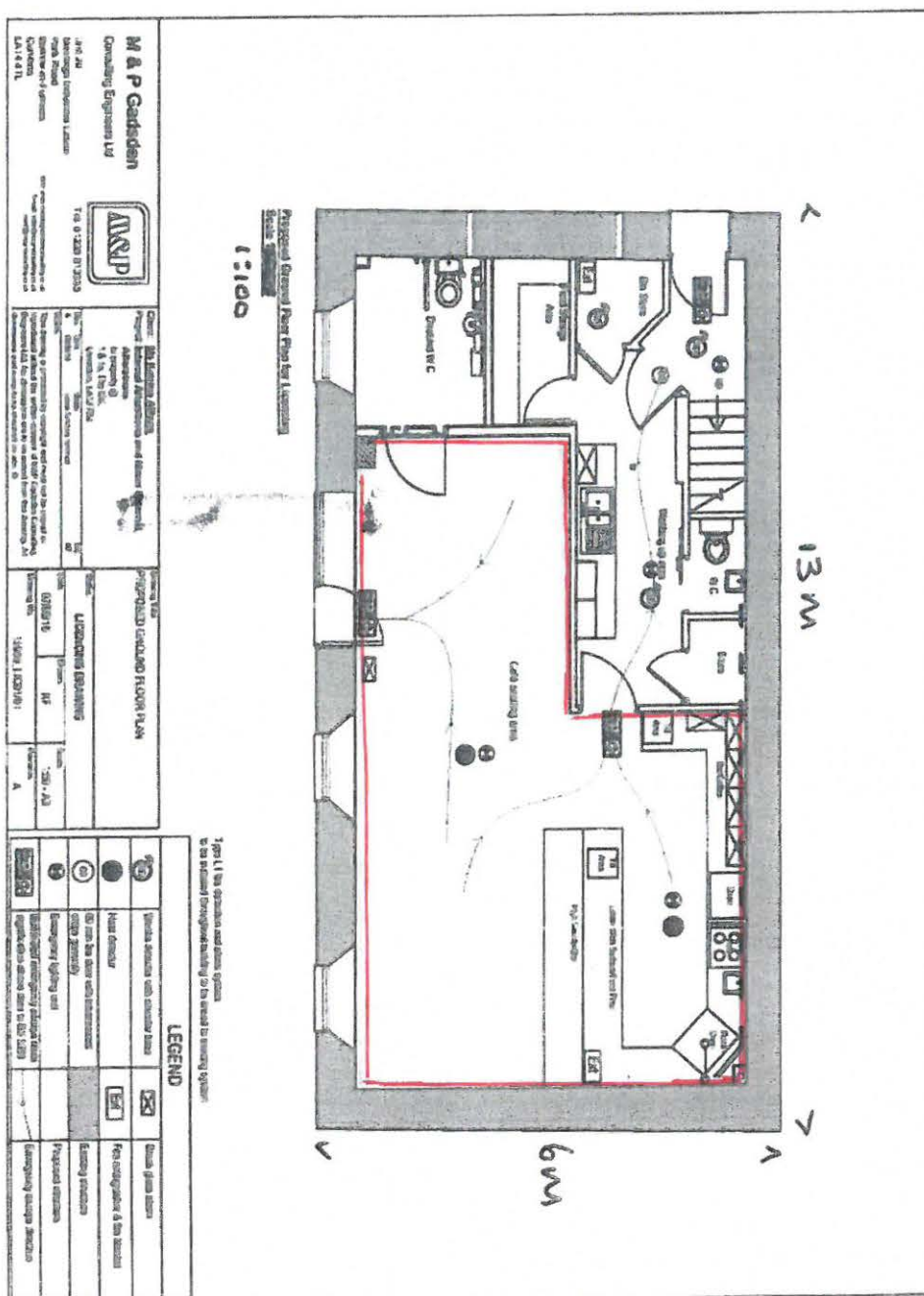
Telephone number (if any)

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

katrina.allison@me.com

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 on 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.

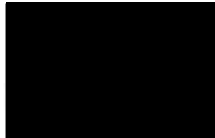


Consent of individual to being specified as premises supervisor

KATRINA LOUISE ALLISON

.....
[full name of prospective premises supervisor]

of



.....
[home 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

A PREMISES LICENCE FOR THE SUPPLY OF ALCOHOL

.....
[type of application]

by

BICI CAFÉ LIMITED

.....
[name of applicant]

relating to a premises licence

NUMBER TO BE ALLOCATED

.....
[number of existing licence, if any]

for

**BICI CAFÉ
1 THE GILL
ULVERSTON
LA12 7BJ**

.....
[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

BICI CAFÉ LIMITED

[name of applicant]

concerning the supply of alcohol at

BICI CAFÉ
1 THE GILL
ULVERSTON
LA12 7BJ

[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

PA035417

[insert personal licence number, if any]

Personal licence issuing authority

SOUTH LAKELAND DISTRICT COUNCIL, LICENSING TEAM, PUBLIC
PROTECTION GROUP, NEIGHBOURHOOD SERVICES DIRECTORATE, SOUTH
LAKELAND HOUSE, LOWTHER STREET, KENDAL, LA9 4DQ, 01539 733333

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

Signed



Name (please print)

KATRINA ALLISON

Date

17/06/2016