

SL06



SOUTH LAKE LAND DISTRICT COUNCIL
Public Protection Group,
Licensing Team, 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 J FAIRBURN PROPERTY LLP
(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 <u>AMBLESIDE HOUSE</u> <u>CHURCH ST.</u> <u>AMBLESIDE</u> <u>CUMBRIA</u>			
Post town	<u>AMBLESIDE</u>	Postcode	<u>LA22 0BU</u>
Telephone number at premises (if any)	<u>015394 32266</u>		
Non-domestic rateable value of premises	<u>£15,500</u>		

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 type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input checked="" 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	J. FAIRBURN PROPERTY LIMITED LIABILITY PARTNERSHIP
Address	AMBLESIDE HOUSE CHURCH ST., AMBLESIDE CUMBRIA
Registered number (where applicable)	OC341159
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED LIABILITY PARTNERSHIP
Telephone number (if any)	015394 32266
E-mail address (optional)	diana.cameron@btconnect.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
24 03 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)

GUEST HOUSE WITH EN-SUITE
ROOMS AND INCORPORATING
A CAFE WITH DINING AREA
BOTH CAFE AND DINING AREA
ARE OPEN TO MEMBERS OF THE PUBLIC.
ALCOHOL WILL BE SUPPLIED FOR CONSUMPTION ON THE
PREMISES ONLY

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

NUMBER OF PEOPLE ≈ 40

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)			<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

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"/>	
Day	Start	Finish	Both <input type="checkbox"/>			
Mon	0800	2300	Please give further details here (please read guidance note 3) FILMS TO BE SHOWN V/A PROJECTOR. MUSIC WILL NOT BE AMPLIFIED.			
Tue	0800	2300				
Wed	0800	2300	State any seasonal variations for the exhibition of films (please read guidance note 4) N/A.			
Thur	0800	2300				
Fri	0800	2300	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) N/A			
Sat	0800	2300				
Sun	0800	2300				

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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			
Fri			<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)
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)			Will the performance of live music 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			State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed			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)		
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 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	0800	2300			
Tue	0800	2300			
Wed	0800	2300	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	0800	2300			
Fri	0800	2300			
Sat	0800	2300	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)		
Sun	0800	2300			

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

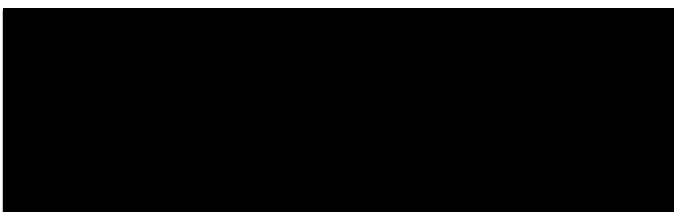

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing	
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please 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			
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 – <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	State any seasonal variations for the supply of alcohol (please read guidance note 4) N/A		
Mon	0800	2300			
Tue	0800	2300			
Wed	0800	2300			
Thur	0800	2300			
Fri	0800	2300			
Sat	0800	2300			
Sun	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) N/A		

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

Name	ANNA MORTON	
Address		
Postcode		
Personal licence number (if known)	ANNA IS APPLYING FOR A PERSONAL LICENCE AND IS OBTAINING BASIC DISCLOSURE AS AT 03/03/16	
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).

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	0800	2300	
Tue	0800	2300	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)
Wed	0800	2300	
Thur	0800	2300	
Fri	0800	2300	
Sat	0800	2300	
Sun	0800	2300	

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)

THE INTENTION IS FOR ANY ALCOHOL SALES TO BE DONE FROM THE CAFE AND NOT THE GUEST HOUSE ITSELF. THE CAFE KITCHEN AND DINING ROOM AREA WILL BE LOCKED OFF FROM THE REST OF THE PREMISES.

b) The prevention of crime and disorder

THE PREMISES AREA OPEN TO THE PUBLIC IS A CAFE PRIMARILY WHICH IS SERVING SOME ALCOHOL TO CUSTOMERS IN CONJUNCTION WITH A MEAL OR OTHER FOOD. THE CAFE IS NOT PROMOTING THE CONSUMPTION OF ALCOHOL ON THE PREMISES WE WILL SIGN UP TO CAFE AND BAR WATCH

c) Public safety

THE WHOLE OF THE PREMISES IS PROTECTED BY A FULLY PROGRAMMABLE ADDRESSABLE FIRE ALARM SYSTEM TOGETHER WITH 48 HOUR EMERGENCY LIGHTING. PORTABLE FIRE EXTINGUISHERS ARE SITED THROUGHOUT THE BUILDING, ALL REGULARLY SERVICED. A FIRE RISK ASSESSMENT WILL BE MADE

d) The prevention of public nuisance

THE MAXIMUM OPENING HOURS ARE FROM 0800 HOURS TO 2300 HOURS. NOISE DISTURBANCE WILL BE CONTROLLED DURING OPENING HOURS. THE PREMISES WILL BE CLOSED AT NIGHT.

e) The protection of children from harm

PROOF OF AGE WILL BE REQUIRED WHEN SERVING ALCOHOL TO ANYONE WHO APPEARS TO BE UNDER THE AGE OF 25. ANY STOCKS OF ALCOHOL WILL BE KEPT IN THE KITCHEN AREA BUT INACCESSIBLE TO CHILDREN.

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	[REDACTED]
Date	23/02/2016
Capacity	MEMBER OF J. FAIRBURN PROSELY UP

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)

J. FAIRBURN

[REDACTED]

Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

SL2



SOUTH LAKE LAND DISTRICT COUNCIL
Licensing Group, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UD
Tel: 0845-050-4434 Fax: (01539) 737659
www.southlakeland.gov.uk e-mail: licensing@southlakeland.gov.uk

**Form of consent given by the person whom the applicant wishes to be the
Premises Supervisor**

I, ANNA MORTON (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 AN ALCOHOL LICENCE (type of application)
By J. FAIRBURN PROPERTY LLP (name of applicant)
Relating to a premises licence (number of existing licence, if any)

For AMBLESIDE HOUSE, CHURCH ST.,

AMBLESIDE LA22 0BU (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

J. FAIRBURN PROPERTY LLP (name of applicant)

Concerning the supply of alcohol at AMBLESIDE HOUSE

CHURCH ST., AMBLESIDE LA22 0BU

(name and address of premises to which the 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 (insert personal licence number, if any)

Personal Licence issuing authority

(insert name and address and telephone number of personal licence issuing authority, if any)

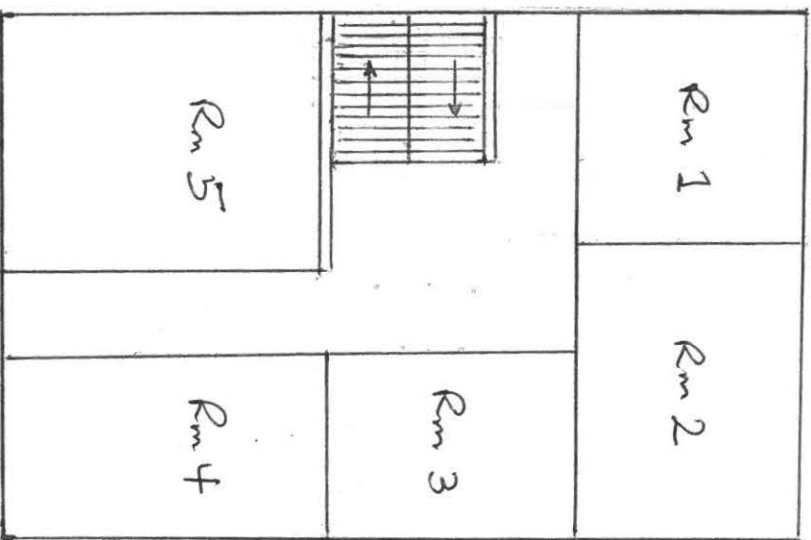
Signed

Name: (Please print) ANNA MORTON *

Dated: 23/02/2016

03/03/16 * ANNA HAS APPLIED FOR BASIC DISCLOSURE
AND BEEN TOLD IT WILL BE AVAILABLE TO HER
IN 3/5 DAYS

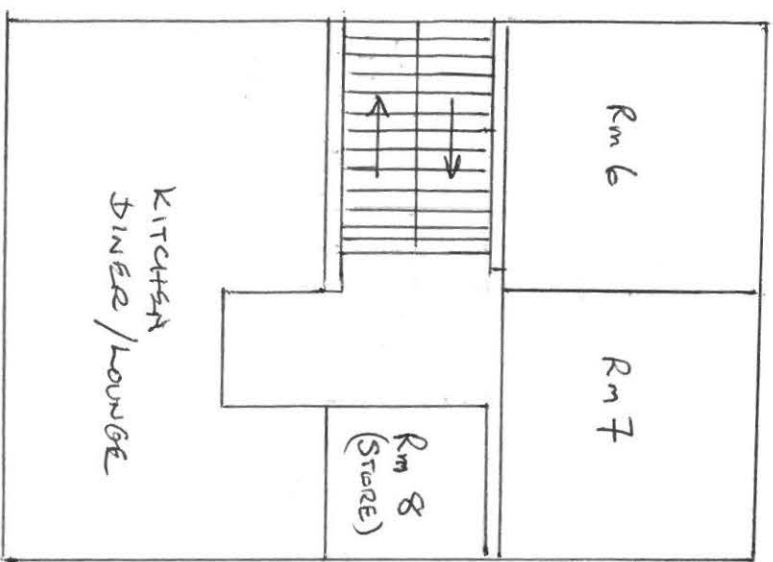
AMBLESIDE HOUSE
SECOND FLOOR



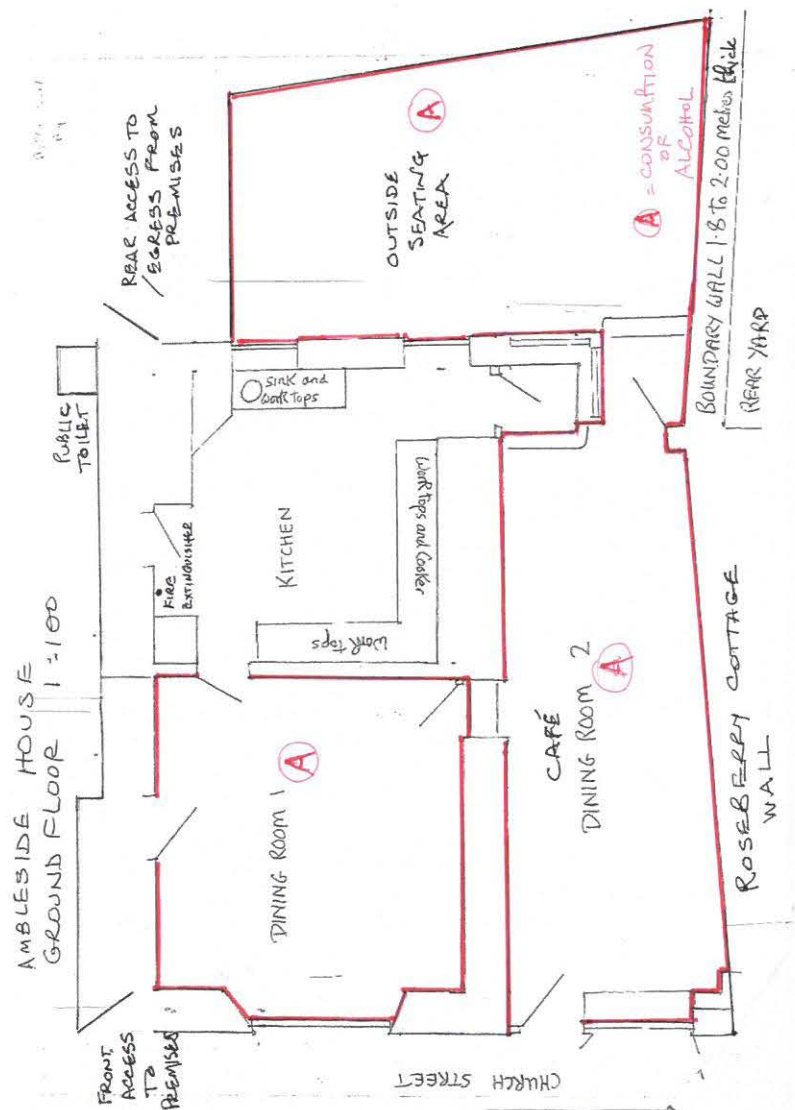
Scale 1:100

AMBLESIDE HOUSE

FIRST
FLOOR



SCALE 1:100





National Non-Domestic Rate Bill 2015/16

Issued On: 13 March 2015

Local Taxation Team
South Lakeland House
Lowther Street
Kendal
Cumbria LA9 4DQ
(t) 01539 793245

(e) counciltax@southlakeland.gov.uk

J Fairburn Property Llp
Bowns Wood
Ecclerigg
Windermere
Cumbria
LA23 1LN

Address of NNDR Property:
Ambleside House
Church Street
Ambleside
Cumbria
LA22 0BU

Property Reference: 0507037709000A

Please quote the number below in all correspondence

NNDR Account Number: 53001931

Reason for Issue: New Year Billing

Description of Property: Guest House, Holiday Let, Cafe and Premises

Info Only

Standard Non-Domestic Rating Multiplier: 49.3p

Small Business Non-Domestic Rating Multiplier: 48p

Information relating to the relevant and previous financial years in regard to the gross expenditure of the local authority and explanatory notes is available at www.southlakeland.gov.uk. A hard copy is available on request by writing to us or ringing us.

Details for period 01 April 2015 to 31 March 2016:

Occupied Property Rates

Gross Charge (Rateable Value £15500 x 48p)

£7,440.00

Total Liability for Period

£7,440.00

Total Amount Payable

£7,440.00

Payment Instructions Thank you for choosing to pay by direct debit

Date	Amount Payable	Date	Amount Payable	Date	Amount Payable
01/04/2015	£744.00	01/08/2015	£744.00	01/12/2015	£744.00
01/05/2015	£744.00	01/09/2015	£744.00	01/01/2016	£744.00
01/06/2015	£744.00	01/10/2015	£744.00		
01/07/2015	£744.00	01/11/2015	£744.00		







AMBLESIDE HOUSE
Accommodation
& Tea Rooms

Tea
Rooms



