

[Insert name and address of relevant licensing authority and its reference number (optional)]

**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~~ Susan Coyne 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>3. ST MARTIN'S PARADE</u> <u>BOWNESS - ON - WINDERMERE.</u>	
Post town <u>BOWNESS ON WINDERMERE</u>	Post code <u>LA23 3DY</u>

Telephone number at premises (if any)

--

Non-domestic rateable value of premises

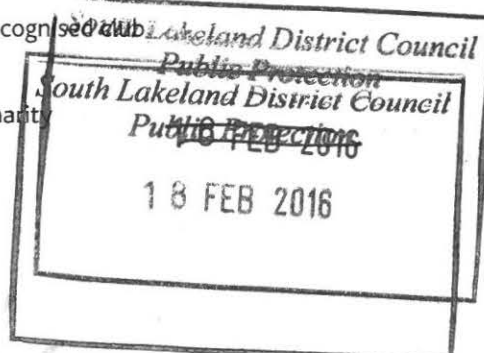
<u>£ 7,400.</u>

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)



Receipt No 241224

Initials EME

Date 18.02.16

- 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

COYNE.

First names

SUSAN

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)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY	
2	0	0	3	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)

Small retail shop being the middle unit on a parade of 5.
Main entrance from pedestrian walkway covering all 5 units.
The unit is situated on a small side street which is behind the main street.

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) | <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"/> |

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)

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)	
Day	Start	Finish	Indoors	
Mon			Outdoors	
Tue			Both	
Wed			Please give further details here (please read guidance note 3)	
Thur				
Fri				
Sat			State any seasonal variations for performing plays (please read guidance note 4)	
Sun				
			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)	

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

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			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			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)
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)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed					
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Fri					
Sat			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)		
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	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri					
Sat			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)		
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				
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)	
Fri				

Sat			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)
Sun			

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing	
			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			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)	
Thur				
Fri			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)	
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	
			Please give a description of the facilities for dancing you will be providing	

Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur			
Fri			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 (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)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor
				Outdoor
Mon				Both
Tue			Please give further details here (please read guidance note 3)	
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)	
Fri				
Sat			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 (please read guidance note 5)	
Sun				

L

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			
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					

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	✓
				Both	
Day	Start	Finish			
Mon	10.00	18.00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) The Business will not be open all year round and Seasonal opening hours will apply during the winter months.		
Tue	10.00	18.00			
Wed	10.00	18.00			
Thur	10.00	18.00	<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)		
Fri	10.00	18.00			
Sat	10.00	18.00			

Sun	10.00	18.00	

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

Name: Susan Coyne

Address: [REDACTED]

Postcode: [REDACTED]

Personal Licence number(if known)

Issuing licensing authority (if known) Saek Lake and 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)

Not Applicable.

O

Hours premises are open to the public

Standard timings (please read guidance note 6)

Day	Start	Finish
Mon	10.00	18.00
Tue	10.00	18.00
Wed	10.00	18.00
Thur	10.00	18.00
Fri	10.00	18.00
Sat	10.00	18.00
Sun	10.00	18.00

State any seasonal variation (please read guidance note 4)

There will be Limited opening hours during the winter months.

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)

Prevent Crime & Disorder - all all times
Ensure Public Safety.
Prevent public nuisance - noise reduction.
Protect children from harm - ensure challenge 25
policy

b) The prevention of crime and disorder

A No Drunk policy on premises.
Staff Training in Collect ID information.
Ensure stock is placed with the eye line
of the counter.
No Drinking within the boundaries of the premises.

c) Public safety

All products will have correct labels and
Clear Signage, will be presented at all times
Product Information will be available
No alcohol will be sold to anyone suspected
on being Drunk.
Every effort to ensure that children are protected.

d) The prevention of public nuisance

Ensure outside areas are clear of any
Litter, bottles etc.
Ensure that no alcohol is consumed
on the walkway
Make sure that no alcohol is consumed
anywhere near the shop frontage.

e) The protection of children from harm

Operate the Challenge 25. Policy
Ask for appropriate ID.
Passports, D.licencing and PASS
ID cards.
Ensure appropriate behaviour from Staff
& customers are adhered to.
No one underage to sell Drink I will
have an over (18) policy for employment.

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 signing on behalf of the applicant please state in what capacity.

Signature 

Date..... 17.02.2016

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)	

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 Susan Coyne.....[full name of prospective premises supervisor]
of.....[redacted]

.....[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.....[type of application]

by Susan Coyne.....[name of applicant]

relating to the premises licence.....[number of existing licence, if any]

for Susan Coyne, Gift Hampers & Fine Stationery, 3 St. Marks

Parade, Bressan.....[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 Susan Coyne.....[name of applicant]

concerning the supply of alcohol at Susan Coyne, 3 St. Marks, Bressan

Business on Windermer.....[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 AA034835.....[insert personal licence number, if any]

Personal licence issuing authority South Lakeland District Council

[insert name and address and telephone number of personal licence issuing authority, if any] South Lakeland House Lowther Street, Kendal LA9 4UD

Susan Coyne.....signed

Susan Coyne.....name (please print)

17th Feb 2016.....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

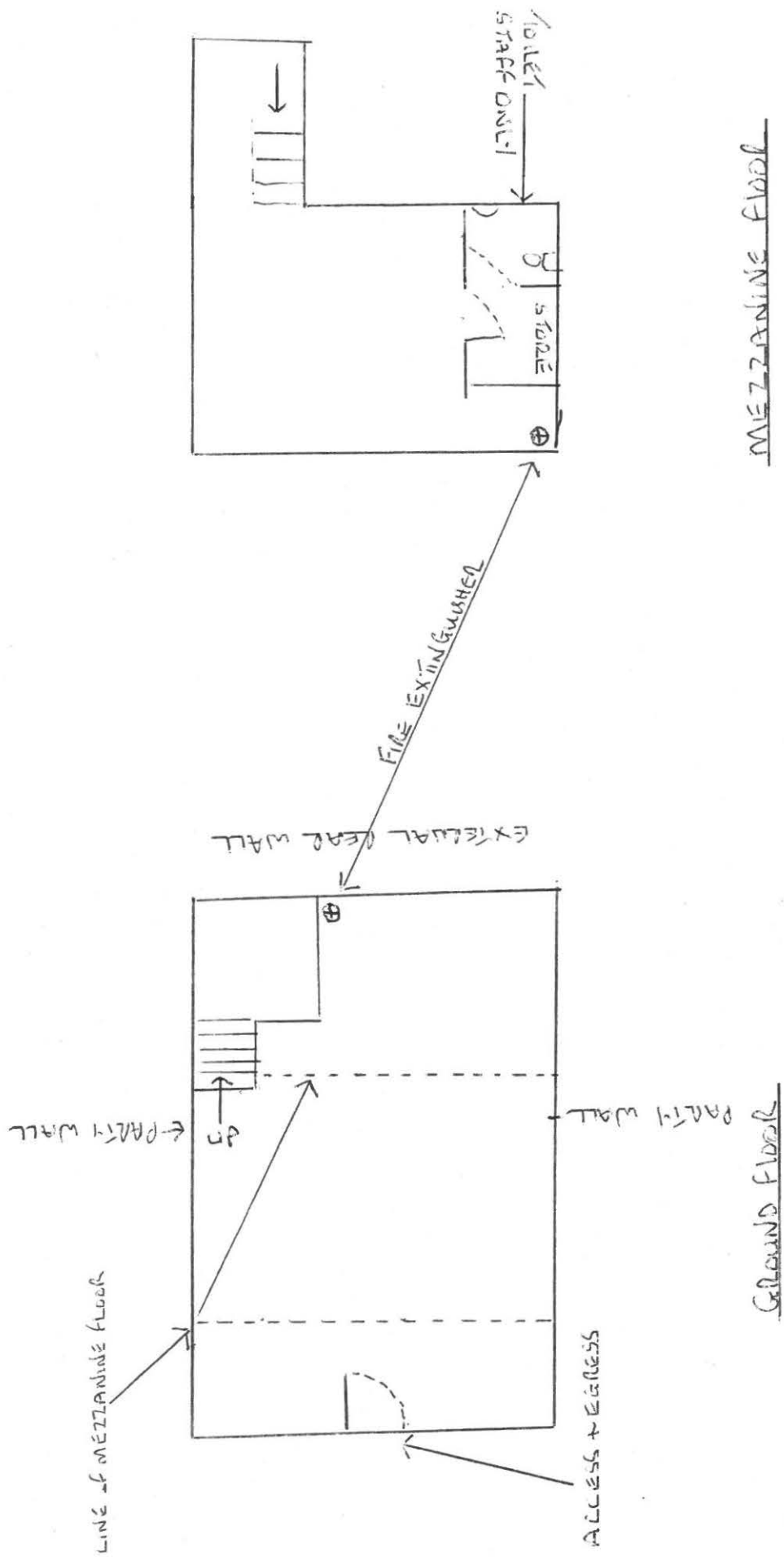
premises licence number.....[insert premises licence number]

to.....[full name of transferee].

.....signed

.....name (please print)

.....dated



MORGAN

MARTIN

SHOP TO LET
Unit 3
St Martin's Parade
BOWNESS-ON-
WINDERMERE
LA23 3DB



Ground Floor: 45.4 sq metres (489 sq ft)

LOCATION

Situated in the heart of Bowness adjacent to the Post Office and opposite Coral Bookmakers and only a short walk from the main town centre car park.

ACCOMMODATION

The premises provide the following net internal floor areas:

Ground Floor Sales:	45.4 sq m	(488 sq ft)
First Floor Sales/Storage:	21.7 sq m	(234 sq ft)
	67.1 sq m	(723 sq ft)

Please note: the above areas have been provided by the client.

RATING ASSESSMENT

The property is entered into the Rating List at Rateable Value £7,400.00.

LEASE

The shop is available on the basis of a new effectively full repairing and insuring lease for a term of years to be agreed.

RENTAL

£8,000.00 per annum.

VAT

All rents and prices quoted are or may be subject to the addition of VAT at the prevailing rate

LEGAL COSTS

Each party are to be responsible for their own legal costs incurred in the transaction.

EPC

An Energy Performance Certificate will be available.

FURTHER INFORMATION

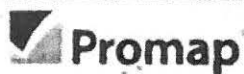
Please contact: Charles D. Bell
Telephone: 01772 556666
Email: charles@morganmartin.co.uk

Fifteen Cross Street
Preston
PR1 3LT

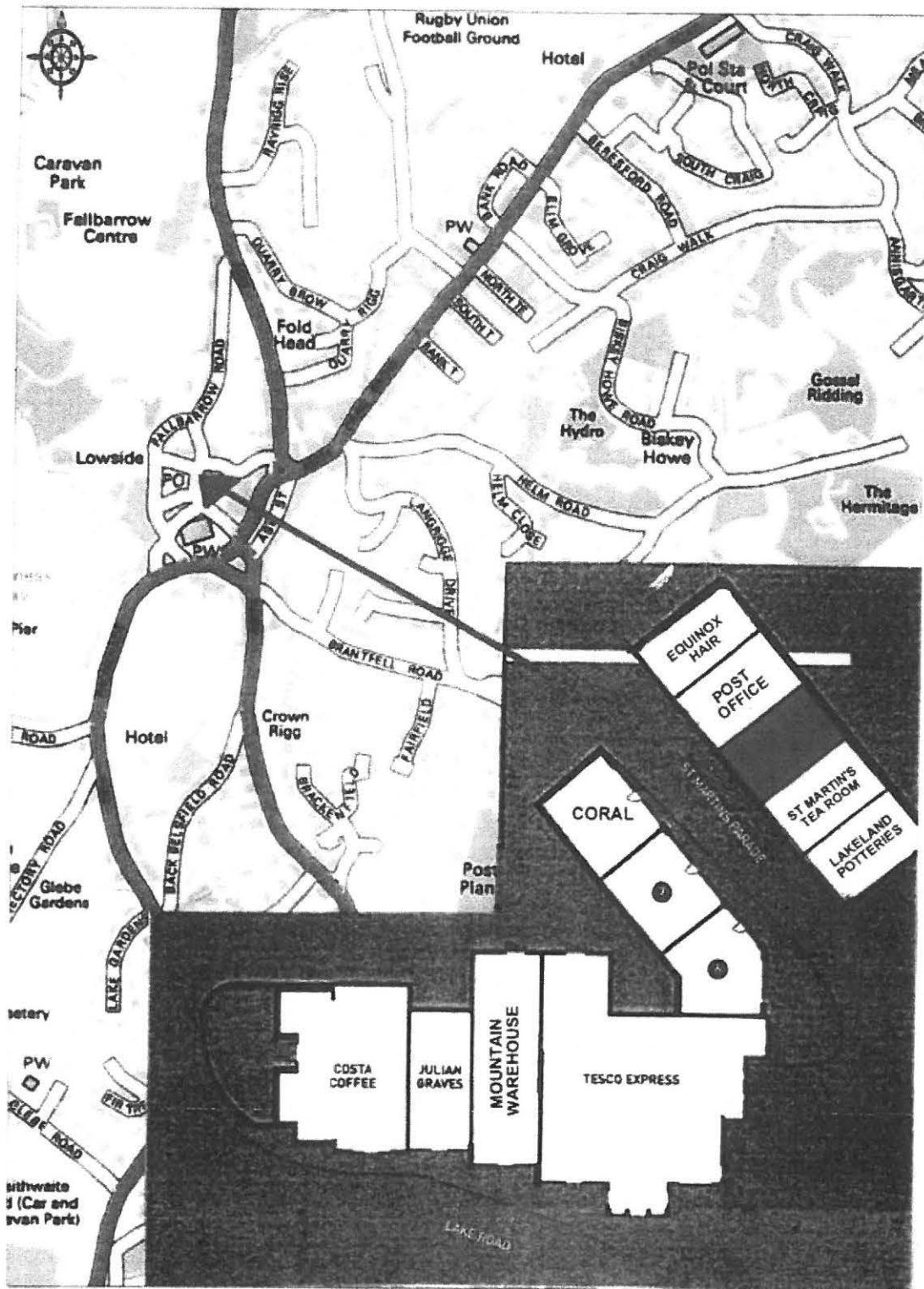
01772 556666

www.morganmartin.co.uk

These particulars are believed to be correct but their accuracy is not guaranteed and they do not form part of any contract



01772 556666



Promap

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Chartered Surveyors
Fifteen Cross Street
Preston
PR1 3LT

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**MORGAN
MARTIN**

01772 556666

NOTICE OF AN APPLICATION FOR GRANT OF *PREMISES LICENCE / CLUB PREMISES CERTIFICATE

Date this notice posted on the premises 17th February 2016

Premises 3rd MARTINS PARADE
 Address BARNES ON WINDERMERE LA23 3DY
 I/A SUSAN COYNE

have applied to South Lakeland District Council (the Licensing Authority), for grant of the *Premises Licence / ~~Club Premises Certificate~~ in respect of the above premises. The application relates to the sale of alcohol / ~~provision of regulated entertainment~~*. Where applicable regulated entertainment will include:-

* Music	* Playing Recorded Sound	* Showing of films
* Singing	* Live Performers	* Performance of a play
* Dancing	* Other forms of live dance	
* Sporting/game competitions in the presence of an audience (including but not limited to, darts and snooker/pool competitions)		
* Late night refreshment will be provided until not later than:-		

(*Delete as appropriate)

Day	Sale/Supply of Alcohol	Regulated Entertainment	Other times when the premises will be open
Varied	from: 10.00 to: 18.00	from: — to: —	From: — to: —
Monday	10.00 - 18.00		
Tuesday	10.00 - 18.00		
Wednesday	10.00 - 18.00		
Thursday	10.00 - 18.00		
Friday	10.00 - 18.00		
Saturday	10.00 - 18.00		
Sunday	10.00 - 18.00		
Public Holiday	10.00 18.00		

Any person intending to make relevant representations on this application should submit them in writing within 28 days from the date this notice is first displayed on the above premises to: Public Health & Licensing Manager, South Lakeland District Council, South Lakeland House, Lowther Street, Kendal LA9 4UD or email to: licensing@southlakeland.gov.uk

The full application can be viewed at the above address between the hours of 10.00am to 4.00pm, Monday to Friday or on the website of the Council: www.southlakeland.gov.uk

IT IS AN OFFENCE, to knowingly or recklessly make a false statement in connection with an application for which you may be liable to a fine not exceeding level 5 on the standard scale on summary of conviction.