



SL06

# **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 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.

**We** ULVERSTON GOLF CLUB 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 |                  |          |                 |
| <u>ULVERSTON GOLF CLUB LIMITED</u>   |                  |          |                 |
| <u>BARDSEA PARK</u>  |                  |          |                 |
| <u>BARDSEA</u>   |                  |          |                 |
| <u>ULVERSTON</u>   |                  |          |                 |
| Post town  | <u>ULVERSTON</u> | Postcode | <u>LA12 9QJ</u> |

|   |                     |
|---|---------------------|
| Telephone number at premises (if any)   | <u>01229 582824</u> |
| Non-domestic rateable value of premises | <u>£29042</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 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)            |

- 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) |  |
| <b>Surname</b>  |                              |                               | <b>First names</b>          |                                |  |
| I am 18 years old or over                                 |                              |                               |                             |                                | <input type="checkbox"/> Please tick yes |
| Current postal address if different from premises address |                              |                               |                             |                                |  |
| Post town   |                              |                               |                             | Postcode                       |  |
| <b>Daytime contact telephone number</b>                   |                              |                               |                             |                                |  |
| <b>E-mail address (optional)</b>                          |                              |                               |                             |                                |  |

**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) |  |
| <b>Surname</b>  |                              |                               | <b>First names</b>          |                                |  |
| I am 18 years old or over                                 |                              |                               |                             |                                | <input type="checkbox"/> Please tick yes |
| Current postal address if different from premises address |                              |                               |                             |                                |  |
| Post town   |                              |                               |                             | Postcode                       |  |
| <b>Daytime contact telephone number</b>                   |                              |                               |                             |                                |  |
| <b>E-mail address (optional)</b>                          |                              |                               |                             |                                |  |

**(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.

|  |   |
|--|---|
| <b>Name</b>  | ULVERSTON GOLF CLUB LTD                       |
| <b>Address</b>   | BARDSEA PARK<br>BARDSEA<br>ULVERSTON LA12 9QJ |
| <b>Registered number (where applicable)</b>  | 0295894                                       |
| <b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> | GOLF CLUB                                     |
| <b>Telephone number (if any)</b>   | 01229 582824                                  |
| <b>E-mail address (optional)</b>   | secretary@ulvestungolf.co.uk                  |

### Part 3 Operating Schedule

When do you want the premises licence to start?

| DD | MM | YYYY |
|----|----|------|
| 01 | 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)

CLUBHOUSE IS A 2 STOREY BUILDING - GROUND FLOOR CONSISTS OF OFFICE, PROFESSIONAL SHOP GENTS TOILET / SHOWER ROOM AND LOUNGE ROOM FIRST FLOOR CONSISTS KITCHEN, DISABLED TOILET, LADIES TOILET / SHOWER SMALL BAR LOUNGE AND LARGE BAR LOUNGE / DINING AREA

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) ☒

In all cases complete boxes K, L and M

# A

|   |       |        |  |                                   |
|---|-------|--------|--|-----------------------------------|
| <b>Plays</b><br>Standard days and timings (please read guidance note 6) |       |        | <b>Will the performance of a play take place indoors or outdoors or both – please tick</b><br>(please read guidance note 2)  | Indoors <input type="checkbox"/>  |
|   |       |        |  | Outdoors <input type="checkbox"/> |
| Day   | Start | Finish | Both <input type="checkbox"/>  |                                   |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 3)  |                                   |
|   |       |        |  |                                   |
| Tue   |       |        |  |                                   |
|   |       |        |  |                                   |
| Wed   |       |        | <b>State any seasonal variations for performing plays</b> (please read guidance note 4)  |                                   |
|   |       |        |  |                                   |
| Thur  |       |        |  |                                   |
|   |       |        |  |                                   |
| Fri   |       |        | <b>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</b> (please read guidance note 5) |                                   |
|   |       |        |  |                                   |
| Sat   |       |        |  |                                   |
|   |       |        |  |                                   |
| Sun   |       |        |  |                                   |
|   |       |        |  |                                   |

# B

|   |       |        |  |  |                                   |
|---|-------|--------|--|--|-----------------------------------|
| <b>Films</b><br>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"/> |
| 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 exhibition of films</u></b> (please read guidance note 4)  |  |                                   |
|   |       |        |  |  |                                   |
| Thur  |       |        |  |  |                                   |
|   |       |        |  |  |                                   |
| Fri   |       |        | <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) |  |                                   |
|   |       |        |  |  |                                   |
| Sat   |       |        |  |  |                                   |
|   |       |        |  |  |                                   |
| Sun   |       |        |  |  |                                   |
|   |       |        |  |  |                                   |

C

| Indoor sporting events<br>Standard days and<br>timings (please read<br>guidance note 6) |       |        | Please give further details (please read guidance note 3)<br><br>FOR THE OCCASIONAL RUNNING OF NON COMMERCIAL<br>EQUAL CHANCE GAMING EVENINGS.  |
|---|-------|--------|---|
| Day   | Start | Finish |   |
| Mon   | 1800  | 0100   |   |
|   |       |        |   |
| Tue   | 1800  | 0100   | State any seasonal variations for indoor sporting events (please<br>read guidance note 4)   |
|   |       |        |   |
| Wed   | 1800  | 0100   |   |
|   |       |        |   |
| Thur  | 1800  | 0100   | Non standard timings. Where you intend to use the premises for<br>indoor sporting events at different times to those listed in the<br>column on the left, please list (please read guidance note 5) |
|   |       |        |   |
| Fri   | 1800  | 0100   |   |
|   |       |        |   |
| Sat   | 1800  | 0100   |   |
|   |       |        |   |
| Sun   | 1800  | 0100   |   |
|   |       |        |   |

# D

|  |       |        |   |  |                                   |
|--|-------|--------|---|--|-----------------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings (please read guidance note 6) |       |        | <b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)  |  | Indoors <input type="checkbox"/>  |
|  |       |        |   |  | Outdoors <input type="checkbox"/> |
| Day  | Start | Finish |   |  | Both <input type="checkbox"/>     |
| Mon  |       |        | <b>Please give further details here</b> (please read guidance note 3)   |  |                                   |
|  |       |        |   |  |                                   |
| Tue  |       |        |   |  |                                   |
|  |       |        |   |  |                                   |
| Wed  |       |        | <b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)  |  |                                   |
|  |       |        |   |  |                                   |
| Thur   |       |        |   |  |                                   |
|  |       |        |   |  |                                   |
| Fri  |       |        | <b>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</b> (please read guidance note 5) |  |                                   |
|  |       |        |   |  |                                   |
| Sat  |       |        |   |  |                                   |
|  |       |        |   |  |                                   |
| Sun  |       |        |   |  |                                   |
|  |       |        |   |  |                                   |



# E

|  |       |        |   |  |   |
|--|-------|--------|---|--|---|
| <b>Live music</b><br>Standard days and timings (please read guidance note 6) |       |        | <b>Will the performance of live music take place indoors or outdoors or both – please tick</b><br>(please read guidance note 2)   |  | Indoors <input checked="" type="checkbox"/> |
|  |       |        |   |  | Outdoors <input type="checkbox"/>           |
|  |       |        |   |  | Both <input type="checkbox"/>               |
| Day  | Start | Finish |   |  |   |
| Mon  | 1800  | 0100   | <b>Please give further details here</b> (please read guidance note 3)<br>LIVE MUSIC WILL ONLY BE PERFORMED INDOORS DURING FUNCTIONS HELD IN CLUBHOUSE   |  |   |
| Tue  | 1800  | 0100   |   |  |   |
| Wed  | 1800  | 0100   | <b>State any seasonal variations for the performance of live music</b><br>(please read guidance note 4)   |  |   |
| Thur   | 1800  | 0100   |   |  |   |
| Fri  | 1800  | 0100   | <b>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</b> (please read guidance note 5)<br>NEW YEARS EVE. |  |   |
| Sat  | 1800  | 0100   |   |  |   |
| Sun  | 1800  | 0100   |   |  |   |

F

|  |       |        |  |  |  |
|--|-------|--------|--|--|--|
| <b>Recorded music</b><br>Standard days and timings (please read guidance note 6) |       |        | <b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b><br>(please read guidance note 2)  |  | Indoors <input type="checkbox"/>         |
|  |       |        |  |  | Outdoors <input type="checkbox"/>        |
| Day  | Start | Finish |  |  | Both <input checked="" type="checkbox"/> |
| Mon  | 1800  | 0100   | <b>Please give further details here</b> (please read guidance note 3)<br>RESTAURANT BACKGROUND MUSIC<br>DJ / DISCO STYLE MUSIC WILL ONLY BE PERFORMED ON THURSDAY FRIDAY SATURDAY NIGHTS   |  |  |
| Tue  | 1800  | 0100   |  |  |  |
| Wed  | 1800  | 0100   | <b>State any seasonal variations for the playing of recorded music</b><br>(please read guidance note 4)<br>DURING SUMMER MONTHS OCCASIONAL BACKGROUND MUSIC WOULD CEASE BEING PLAYED OUTSIDE AT 2330                             |  |  |
| Thur   | 1800  | 0100   |  |  |  |
| Fri  | 1800  | 0100   | <b>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</b> (please read guidance note 5)<br><br>NEW YEARS EVE |  |  |
| Sat  | 1800  | 0100   |  |  |  |
| Sun  | 1800  | 0100   |  |  |  |

G

| Performances of dance<br>Standard days and timings (please read guidance note 6) |       |        | Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)   | Indoors  | <input checked="" type="checkbox"/> |
|--|-------|--------|--|----------|-------------------------------------|
| Day  | Start | Finish |  | Outdoors | <input type="checkbox"/>            |
| Mon  | 1800  | 0100   | Please give further details here (please read guidance note 3)<br>DANCING DURING ORGANISED FUNCTIONS TO LIVE MUSIC OR DISC   | Both     | <input type="checkbox"/>            |
| Tue  | 1800  | 0100   |  |          |                                     |
| Wed  | 1800  | 0100   | State any seasonal variations for the performance of dance (please read guidance note 4)   |          |                                     |
| Thur   | 1800  | 0100   |  |          |                                     |
| Fri  | 1800  | 0100   | 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 (please read guidance note 5)<br>NEW YEARS EVE |          |                                     |
| Sat  | 1800  | 0100   |  |          |                                     |
| Sun  | 1800  | 0100   |  |          |                                     |

# H


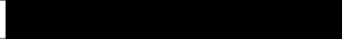
|  |       |        |   |                                   |
|--|-------|--------|---|-----------------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings (please read guidance note 6) |       |        | Please give a description of the type of entertainment you will be providing  |                                   |
| Day  | Start | Finish | <b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)   | Indoors <input type="checkbox"/>  |
| Mon  |       |        |   | Outdoors <input type="checkbox"/> |
|  |       |        |   | Both <input type="checkbox"/>     |
| Tue  |       |        | <b>Please give further details here</b> (please read guidance note 3)   |                                   |
|  |       |        |   |                                   |
| Wed  |       |        |   |                                   |
| Thur   |       |        | <b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)  |                                   |
|  |       |        |   |                                   |
| Fri  |       |        |   |                                   |
| Sat  |       |        | <b>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</b> (please read guidance note 5) |                                   |
|  |       |        |   |                                   |
| Sun  |       |        |   |                                   |

|  |       |        |   |          |                          |
|--|-------|--------|---|----------|--------------------------|
| <b>Late night refreshment</b><br>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><br>Standard days and timings (please read guidance note 6) |       |        | <b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)   | On the premises  | <input type="checkbox"/>            |
|   |       |        |  | Off the premises | <input type="checkbox"/>            |
| Day   | Start | Finish |  | Both             | <input checked="" type="checkbox"/> |
| Mon   | 1100  | 0100   | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)   |                  |                                     |
| Tue   | 1100  | 0100   |  |                  |                                     |
| Wed   | 1100  | 0100   |  |                  |                                     |
| Thur  | 1100  | 0100   | <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)<br><br>NEW YEARS EVE UNTIL 0130. |                  |                                     |
| Fri   | 1100  | 0100   |  |                  |                                     |
| Sat   | 1100  | 0100   |  |                  |                                     |
| Sun   | 1100  | 0100   |  |                  |                                     |

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

|  |   |  |
|--|---|--|
| Name                                   | ABIGAIL ANDERSON  |  |
| Address                                |  |  |
| Postcode                               |  |  |
| Personal licence number (if known)     | APPLIED 25/1/16   |  |
| 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).

L

| Hours premises are open to the public<br>Standard days and timings (please read guidance note 6) |       |        | State any seasonal variations (please read guidance note 4)   |
|--|-------|--------|---|
| Day  | Start | Finish |   |
| Mon  | 0700  | 2300   | PREMISES OPEN 0700 DURING BST<br>AND 0800/0830 DURING GMT.<br><br>PREMISES CLOSE 2300 DURING BST<br>AND 1830 DURING GMT (EXCEPT WHEN<br>FUNCTION TAKING PLACE)                                |
| Tue  | 0700  | 2300   |   |
| Wed  | 0700  | 2300   |   |
| Thur   | 0700  | 2300   |   |
| Fri  | 0700  | 2300   |   |
| Sat  | 0700  | 2300   |   |
| Sun  | 0700  | 2300   |   |
|  |       |        | <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) |

**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)**

ALL STAFF AND MANAGEMENT WILL BE TRAINED ON THE PROVISIONS OF THE 2003 LICENSING ACT, ESPECIALLY THE FOLLOWING:-

- 1) PREVENTION OF CRIME AND DISORDER
- 2) PUBLIC SAFETY
- 3) PREVENTION OF PUBLIC NUISANCE
- 4) PROTECTION OF CHILDREN

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

- 1) NO IRRESPONSIBLE DRINKS PROMOTION
- 2) ALL STAFF TRAINED WITH REGARD TO THE SALE OF ALCOHOL TO UNDER 18'S
- 3) ANY PERSON WHO LOOKS UNDER AGE WILL BE ASKED FOR PROOF OF AGE
- 4) FREE DRINKING WATER AVAILABLE

**c) Public safety**

- 1) RISK ASSESSMENTS HAVE BEEN CARRIED OUT AND ARE IN PLACE
  - 2) FIRST AID BOXES READILY AVAILABLE, TRAINED FIRST AIDER ALWAYS AVAILABLE. DEFIBRILATOR MACHINE IN CLUBHOUSE
  - 3) FIRE EXTINGUISHERS READILY AVAILABLE
  - 4) SIGNED & ILLUMINATED FIRE EXITS
  - 5) UNOBSTRUCTED EMERGENCY EXITS
  - 6) CAPACITY 120
- } CHECKED ANNUALLY

**d) The prevention of public nuisance**

- 1) THE CLUB IS IN A RURAL SETTING AND THE FUNCTION ROOM FACES THE COURSE AND OPEN COUNTRYSIDE
- 2) CONTACTS WITH LOCAL TAXI FIRM WILL ENSURE CUSTOMERS ARE MOVED OFF THE PREMISES QUICKLY AND QUIETLY

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

- 1) ALL MEMBERS OF STAFF CONCERNED WITH THE SALE OF ALCOHOL ARE TRAINED WITH REGARD TO THE BAN ON ALCOHOL TO UNDER 18'S
- 2) CRB CHECKS CARRIED OUT ON STAFF WHO DEAL WITH UNDER 18'S
- 3) NO GAMING MACHINES OR CIGARETTE MACHINES ON SITE

**Checklist:**



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..... 25 JANUARY 2016 .....

Capacity

OPERATIONS MANAGER

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)

STEPHEN BOUSTEAD  
ULVERSTON GOLF CLUB  
BARBSEA PARK

Post town

ULVERSTON

Post code

LA 12 9QJ

Telephone number (if any)

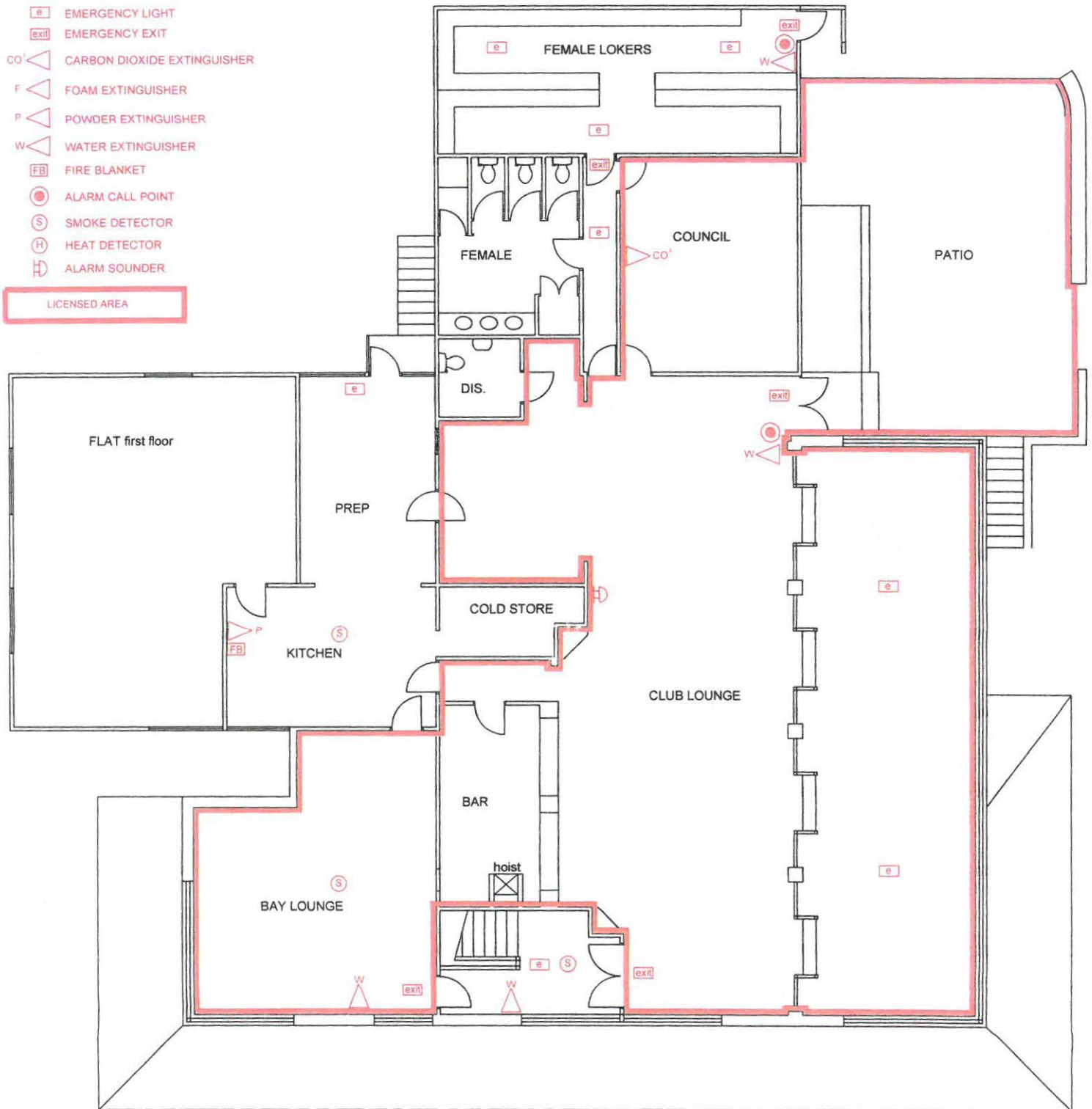
01229 582824

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

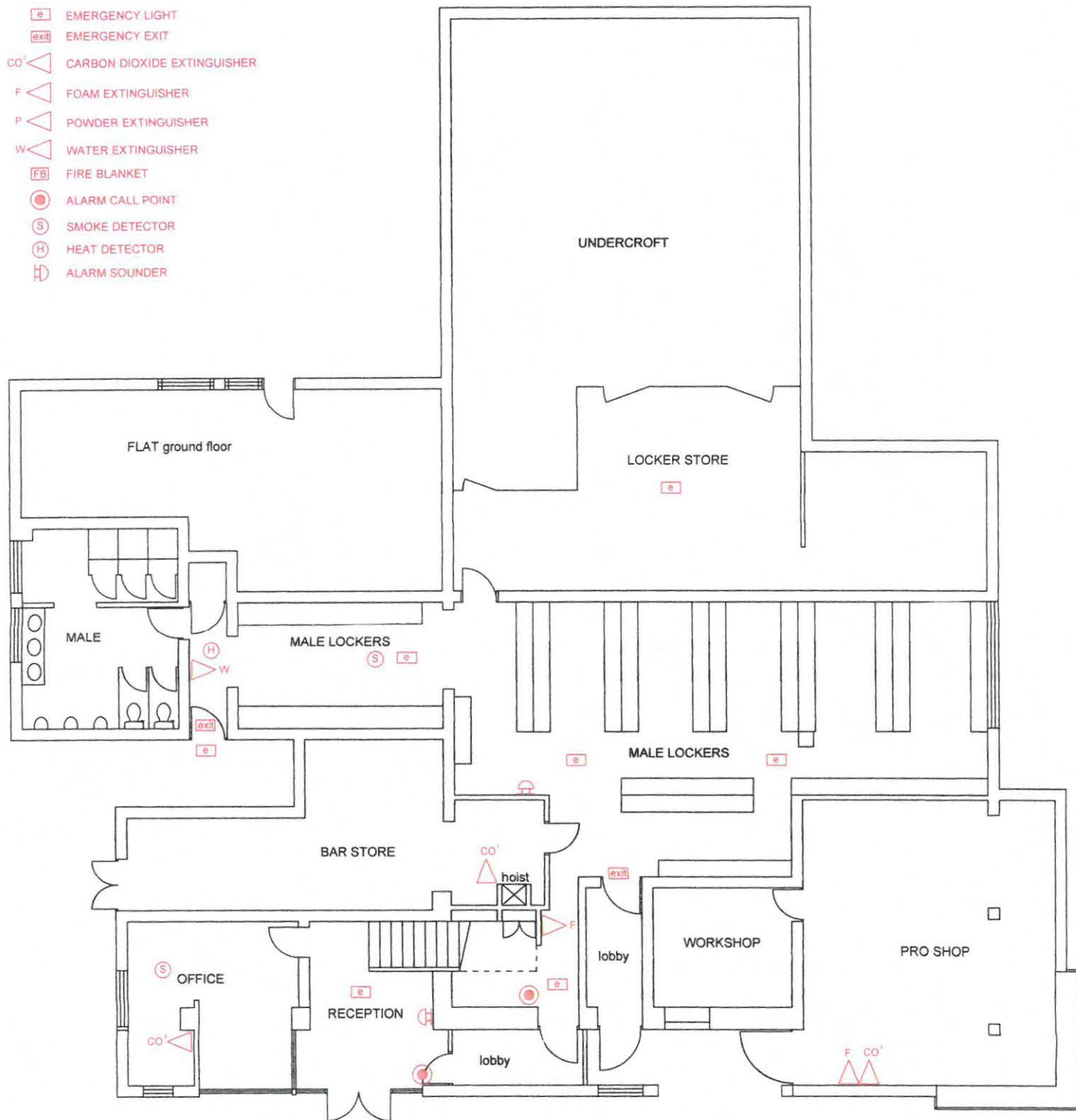
secretary@ulverstongolf.co.uk

#### 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



## ULVERSTON GOLF CLUB - PLAN for LICENSE First Floor



## ULVERSTON GOLF CLUB - PLAN for LICENSE Ground Floor