

**SL20**



**SOUTH LAKE LAND DISTRICT COUNCIL**

**Public Protection Group,**

**Licensing Team, South Lakeland House, Lowther Street, Kendal, Cumbria, LA9 4UQ**

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**Application for a minor variation to a premises licence or club premises certificate 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, especially Note 1.  
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 in black ink. Use additional sheets if necessary.  
Once completed please send your application to the relevant licensing authority. You may wish to keep a copy of the completed form for your records.

**CASTERTON LEISURE LTD**

(Insert name(s) of applicant)

being the premises licence holder(s) / club holding a club premises certificate, apply to vary a premises licence under section 41A / club premises certificate under section 86A of the Licensing Act 2003 for the premises described in Part 1 below.

**Part 1 – Premises details**

Postal address of premises (or, if none, ordnance survey map reference, or description) <b>FOREST SIDE KESWICK RD GRASMERE AMBLESIDE CUMBRIA</b>	
Post town <b>AMBLESIDE</b>	Post Code <b>LA22 9RN</b>

Telephone number at premises (if any)

**01539 435250**

Premises licence number/club premises certificate number

**PL(A) 0304**

Receipt No .....

Initials .....

Date .....

Brief description of premises (Please see Guidance Note 2)

HOTEL

## Part 2 – Applicant Details

I am/ we are the premises licence holder/club premises certificate holder

Please tick ☒ yes

Contact phone number in working hours (if any)

01539 435250

Applicant Postal address IF DIFFERENT FROM PREMISES ADDRESS

[REDACTED]

Post town

[REDACTED]

Postcode

[REDACTED]

Please provide email address if you would prefer us to contact you by email (optional)

[REDACTED]

## Part 3 – Proposed variation(s)

Do you want the proposed variation to have effect as soon as possible?

Please tick ☒ yes

Day Month Year

If not, from what date do you want the variation to take effect?

N/A

[REDACTED]

Please describe the proposed variation(s) in detail in the box below and explain why you consider that they could not have an adverse effect on the promotion of any of the licensing objectives (See Guidance Note 1). This should include whether new or increased levels of licensable activities will be taking place indoors or outdoors (indoors may include a tent):

**Details of proposed variations** (Please see Guidance Note 3)

TO EXTEND THE LICENSED AREAS TO INCLUDE  
THE AREAS MARKED AS STAFF LOUNGE  
(TO BECOME PRIVATE DINING ROOM) +  
STILL ROOM (TO BECOME PART OF THE  
RESTAURANT DINING ROOM)

**Details of proposed variations** (Continued)

## Part 4 – Operating Schedule

Please tick those parts of the Operating Schedule which would be subject to change if this application to vary were successful.

**Provision of regulated entertainment**

- a. plays
- b. films
- c. indoor sporting events
- d. boxing or wrestling entertainment
- e. live music

Please tick ✓ yes

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- f. recorded music ☐
- g. performances of dance ☐
- h. anything of a similar description to that falling within (e), (f) or (g) ☐

**Provision of entertainment facilities for**

*Please tick ✓ yes*

- i. making music ☐
- j. dancing ☐
- k. entertainment of a similar description to that falling within (i) or (j) ☐

**Provision of late night refreshment**

☐

**Sale by retail of alcohol**

☐

(Note that this can only relate to reducing licensed hours, or moving them without any overall increase between 7am and 11pm)

**Enclosures**

I have enclosed the premises licence/club premises certificate

☒

I have enclosed the relevant part of the premises licence/  
club premises certificate

☐

I have included a copy of the plan  
(necessary if the proposed variation will affect the layout)

☒

If you have not ticked one of the previous three boxes, please explain why in the box below.

**Reasons why you have failed to enclose the premises licence/club premises certificate or relevant parts.**

**Any further information to support your application. (See Guidance Note 4)**

**CHECKLIST:**

Please tick ✓ yes

- I have made or enclosed payment of the fee ☒
- I have enclosed the plan, if appropriate, of the premises  
in scale [1mm to 100mm], unless otherwise agreed with the licensing authority ☒
- I have enclosed the premises licence/club premises certificate  
or relevant part of it or provided an explanation ☒
- I understand that if I do not comply with the above requirements  
my application will be rejected. ☒
- I understand that I am required to advertise my application by posting a white notice a  
or on the premises for ten consecutive working days commencing on, and including the  
day after the day when my application is given to the licensing authority. ☒

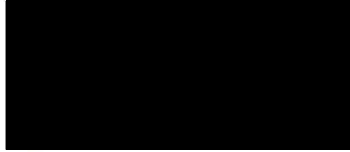
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE  
STANDARD SCALE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A  
FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

## Part 5 – Signatures and Contact Details

(See Guidance Note 5)

**Premises Licence:** Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent. (See Guidance Note 6) If signing on behalf of the applicant, please state your name and in what capacity you are authorised to sign:

Signature:

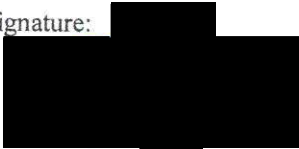


Date:

Capacity: I / We (insert full name and capacity) **ANDREW JAMES WILDSMITH,**  
**OWNER** sign on behalf of and have authority to bind the applicant.

Where the premises licence is jointly held, signature of 2<sup>nd</sup> applicant (the current premises licence holder) or 2<sup>nd</sup> applicant's solicitor or other authorised agent (See Guidance Note 7). If signing on behalf of the applicant please state in what capacity.

Signature:



Date: **7/1/16**

Capacity: I / We (insert full name and capacity) **THOMAS WARWICK LEWIS**  
**OPERATIONS DIRECTOR** sign on behalf of and have authority to bind the applicant.

### Where the premises is a club

I (insert full name) make this application on behalf of the club and have authority to bind the club

Signature:

Date:

Capacity: I / We (insert full name and capacity)

sign on behalf of and have authority to bind the applicant.



**Contact name (where not previously given) and address for correspondence associated with this application. (See Guidance Note 8)**

Tom LEWIS

Post town

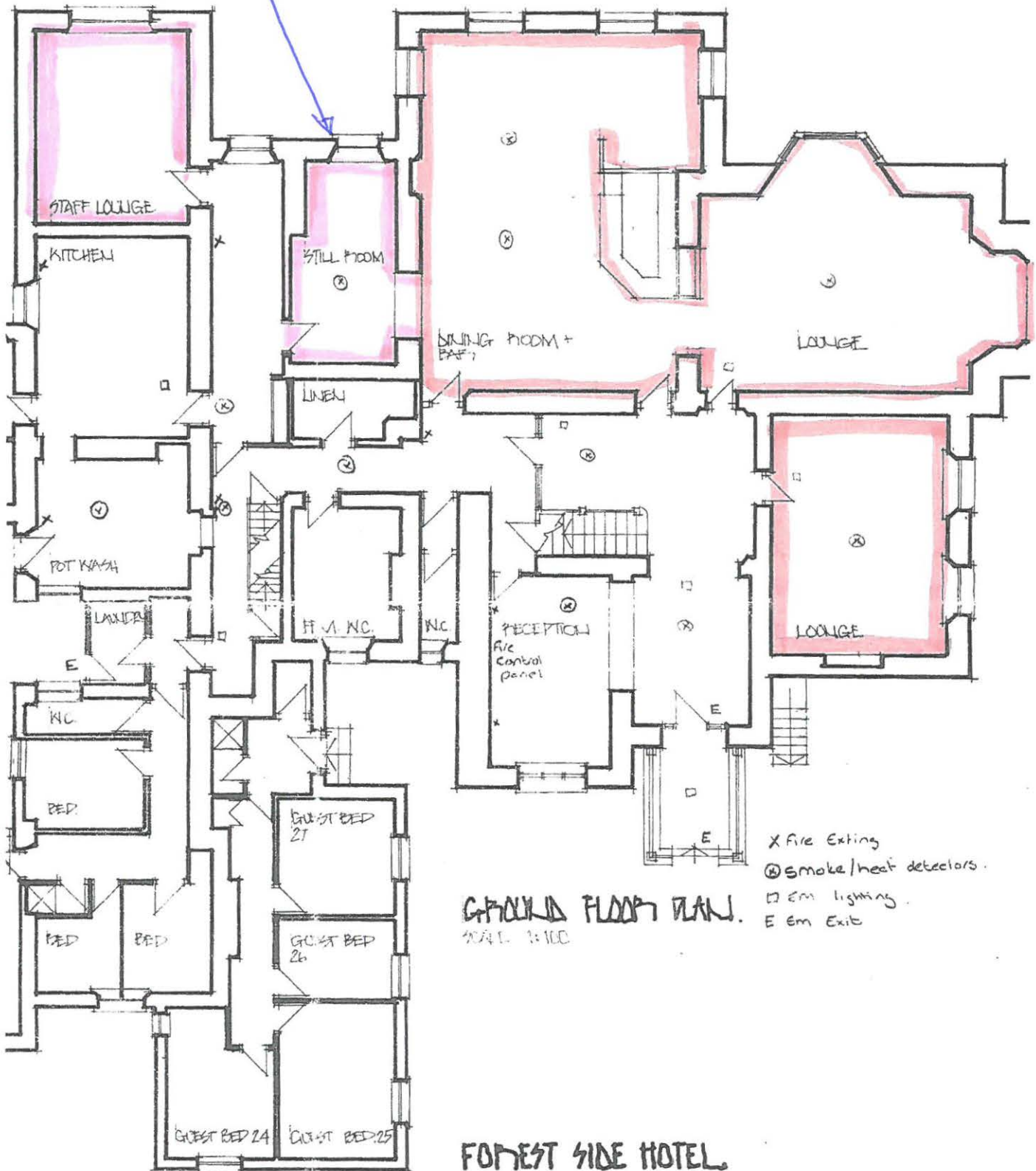
Post code

Telephone number (if any)

If you would prefer us to correspond with you by email  
your email address (optional)



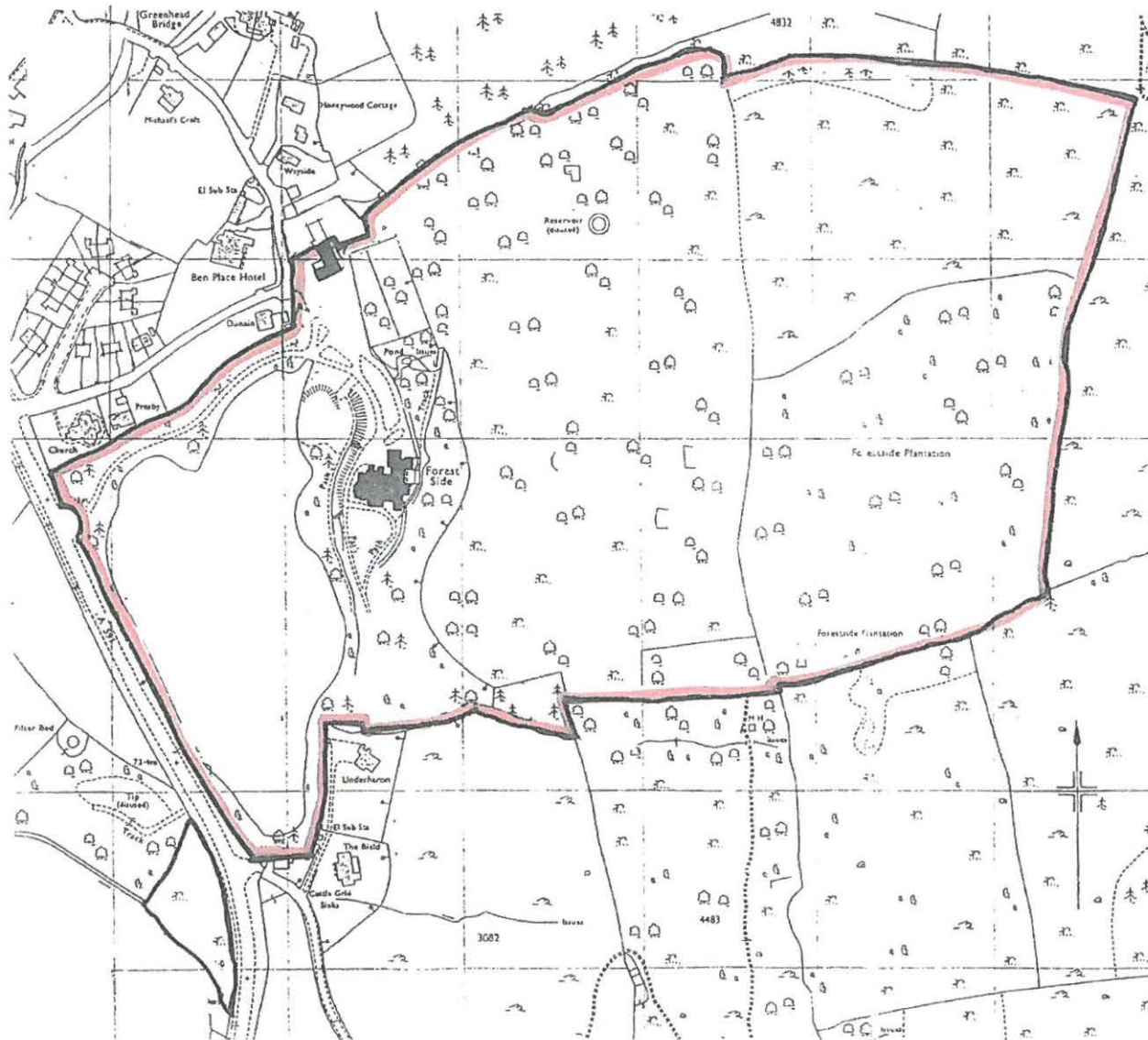
AREAS WE WISH TO  
ADD AS MINOR VARIATIONS



GROUND FLOOR PLAN.  
SCALE 1:100

FOREST SIDE HOTEL





Scale 1: 2500  
Date JULY '99

FS 99 01