South Lakeland District Council Public Protection

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SOUTH LAKELAND 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.

CUMBRIAN NEWSPAPERS I/We

(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

Pos	Postal address of premises or, if none, ordnance survey map reference or description							
10	10-0	VET PARE OF THE	mance surve	y map	reference or des	scription		
111	V10	THE THE	KEI ST	CIT	DINCRO	Mrw 6		
0.	MON ST), NEW MARKET ST CTO JUNCTION WITH							
Pos	t tow	IN ULVERSTON			Destand	LAD JAZ		
					Postcode	143 350		
Tele	phon	e number at premises (if any)						
14011-	uom	estic rateable value of premises	£					
Part :	2 - A	pplicant Details						
Pleas	se sta	ate whether you are applying for a	premises lic	ence a	S			
					ck as appropriat	te		
a)	an i	ndividual or individuals *			nleaso comple			
b)	a pe	erson other than an individual *			please comple	ete section (A)		
	i.							
		as a limited company			please comple	te section (B)		
	ii.	as a partnership			please complete section (B)			
	iii.	as an unincorporated association	or	П	please comple			
					PICAGE CONTINE			

	IV.	othe	r (for e	xample a	statuto	ry corp	oration)] please co	omplete section	on (B)
c)	a re	cogni	sed clu	ıb						mplete section	
d)	a ch	narity								mplete section	
e)	the	propri	etor of	an educa	ational e	stablis	hment	П		mplete section	
f)			ervice					П		mplete sectio	
g)	Care	e Stan	dards /	registere Act 2000 pital in W	(c14) in	Part 2 respe	of the ct of an			mplete sectio	
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						n (B)				
h)	the chief officer of police of a police force in England and Wales Description Descript						n (B)				
* If you	u are a	applyir	ng as a	person (describe	ed in (a	a) or (b) pl	ease	confirm:		
Please											
	am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or am making the application pursuant to a										
	statut a fund	ory fu	nction lischar	or ged by vi	rtue of H		ijesty's pre	eroga	tive		
(A) IND	IVIDL	JAL A	PPLIC	ANTS (fi	ll in as a	pplica	ble)				
Mr [Mrs		Miss		Ν	1s 🗌		er Title (for nple, Rev)		
Surnam	1e						First nar	nes			
am 18	years	old o	rover						□ Plea	se tick yes	
Current ifferent ddress	postal from	l addre	ess if ses							oo non yes	
ost tow									Postcode		
			lephor	ne numb	er						
mail ad		S									

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr		Mrs		Miss		N	ls [ner Title Imple, F		
Surn	ame						First	nar	nes			
I am 1	18 year	s old o	rover								Pleas	se tick yes
Currer differe addres	nt posta ent from ss	al addr	ess if ses									
Post to	own							Marine M.		Postco	ode	
Daytin	ne con	tact te	lephor	ne numbe	er							
E-mail (option	addre	ss						-				
	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 ALLA LOTTE COMBETTAL STATES Address											
DALS CAPL CA-Z	BRIA SPA STD ISUE ST	POR POR JA	NON TH C	ISPAP	POLS	S (7)	D			SVSP		
27		ibei (w	пете а	pplicable)							
Pescripti Perv	on of a	pplicar	nt (for e	example,	partne	rship, co	ompa	ny, u	ınind	corpora	ted asso	ociation etc.)
elephon				0122	8	612	75	3				
-mail ad	dress (option	al)	nna.l	tte	Je 6	200	~~	eo	ha.	ں.ت	ic_

Part 3 Operating Schedule

	When do you want the premises licence to start?	DD MM YYYY
3	If you wish the licence to be valid only for a limited period, when do you want it to end?	DD MM YYYY
1	Please give a general description of the premises (please read guida ALL AREAS WILL BE PART OF THE CUMBRIA LURESTON CHRISTMAS D MULL LOMPRISE ATPRILS SELLING CHRIST A MUSIC STAGE AD A CHRIST CHURE	LOT AND
W	5,000 or more people are expected to attend the premises at any le time, please state the number expected to attend. That licensable activities do you intend to carry on from the premises lease see sections 1 and 14 of the Licensing Act 2003 and Schedule t 2003)	
Pro	ovision of regulated entertainment	Please tick any that apply
a)	plays (if ticking yes, fill in box A)	~pp.)
b)	films (if ticking yes, fill in box B)	
c)	indoor sporting events (if ticking yes, fill in box C)	П
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)	
Prov	rision of late night refreshment (if ticking yes, fill in box I)	
Supp	oly of alcohol (if ticking yes, fill in box J)	П
In all	cases complete boxes K, L and M	

Plays	•		TAPER (1)		
Stand	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	
		i)		Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gui	dance note 3)	
Tue					
Wed			State any seasonal variations for performing plaguidance note 4)	ays (please rea	ıd
Thur					
Fri			Non standard timings. Where you intend to use the performance of plays at different times to the column on the left, please list (please read guidant please).	aca licted in Al	for ne
Sat			(presse road guidal	ioc note 3)	
Sun					

Stand timing	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		
				Outdoors		
Day	Start	Finish		Both		
Mon			Please give further details here (please read gui	dance note 3)		
Tue						
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)			
Thur						
Fri			Non standard timings. Where you intend to use the exhibition of films at different times to those column on the left places list (all times to those	linka al la di	for	
Sat			column on the left, please list (please read guidar	nce note 5)		
Sun						

Stand timing	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			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
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			(please read guidance note 5)
Sat			
Sun			

entert Standa timings	g or wres ainments ard days a s (please	s and read	Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Day	ce note 6	Finish	-	Outdoors	Ш
	Otart	1 1111511		Both	
Mon		-	Please give further details here (please read gui	dance note 3)	
Tue					
Wed			State any seasonal variations for boxing or wre entertainment (please read guidance note 4)	stling	
Thur			,		
Fri			Non standard timings. Where you intend to use boxing or wrestling entertainment at different timested in the column on the left relationship.	mes to those	
Sat			listed in the column on the left, please list (please note 5)	e read guidand	e
Sun					
oun .					

Stan- timin	music dard days gs (please	eread	Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors			
_	ance note	6)		Outdoors			
Day	Start	Finish		Both	П		
Mon			Please give further details here (please read gui	dance note 3)			
Tue			PERFORMERS, BOTH AMPLIF	BD AWD)		
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 performance of live music at different times the column on the left, please list (please read gu	to those linter	1 :		
Sat	GAM	6PM	(please read gu	ildance note 5)			
Sun	9AM	6PM					

Stan timin	orded mu dard days gs (please	and e read	Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
	ance note			Outdoors	区
Day	Start	Finish		Both	
Mon			Please give further details here (please read guide AMPUFIED, NELORDED MUSIC	dance note 3)	
Tue			INTERMITTENTS		
Wed			State any seasonal variations for the playing of (please read guidance note 4)	recorded mus	sic
Thur					
Fri			Non standard timings. Where you intend to use the playing of recorded music at different times the column on the left, please list (please read gu	to those links.	J :
Sat	9 AM	6РМ	(please read gu	ildance note 5)	
Sun	9AM	6PM			

dand Stand timin	Performances of dance Standard days and timings (please read guidance note 6) Day Start Finish		Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors			
Day	Start	Finish					
Mon		-	Places six full	Both			
			Please give further details here (please read gui	dance note 3)			
Tue							
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)				
Thur							
Fri			Non standard timings. Where you intend to use the performance of dance at different times to the column on the left, please list (please read guidar	oca lintad in 4	for he		
Sat			(please read guidar	ice note 5)			
Sun							

des falli (g) Star timir	rthing of a cription to ng within ndard days ngs (pleaso ance note	o that (e), (f) or and e read	Please give a description of the type of entertainment providing	nent you will be	
Day	Start	Finish	Will this entertainment take place indoors or	Indoors	
Mon			outdoors or both – please tick (please read guidance note 2)	Outdoors	
Tue				Both	
			Please give further details here (please read guid	dance note 3)	
Wed			NCUDALT CRAFTS.		
Thur			State any seasonal variations for entertainment description to that falling within (e), (f) or (g) (pl guidance note 4)	of a similar ease read	
Fri					
Sat	GAM		Non standard timings. Where you intend to use the entertainment of a similar description to that (e), (f) or (g) at different times to those listed in the left, please list (please read guidance note 5)		for
Sun	911	Грм			

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	
				Outdoors	
Day Mon	Start	Finish		Both	
IVIOIT			Please give further details here (please read guid	dance note 3)	
Tue					
Wed			State any seasonal variations for the provision of refreshment (please read guidance note 4)	of late night	
Thur					
Fri			Non standard timings. Where you intend to use the provision of late night refreshment at different those listed in the column on the left.		for
Sat			those listed in the column on the left, please list guidance note 5)	(please read	
Sun					

Suppl	y of alco	hol	Will the supply of alcohol be for consumption		_
Standard days and timings (please read guidance note 6)		read	- please tick (please read guidance note 7)	On the premises	
Day	Start			Off the premises	
	Start	Finish		Both	Г
Mon			State any seasonal variations for the supply of read guidance note 4)	alcohol (pleas	е
Tue					
Wed					
Thur			Non standard timings. Where you intend to use the supply of alcohol at different time to the	the premises	for
			the supply of alcohol at different times to those column on the left, please list (please read guidant		101
Fri			(please read guidar	ice note 5)	
Sat					
Sun					
State the lesignat	name ar ed premi	nd details ses supe	s of the individual whom you wish to specify on the	ne licence as	
lame					
ddress					\dashv
ostcode	T				
ersonal li	cence nu	mber (if k	(nown)		\dashv
suing lice	nsing aut	hority (if	known)		\perp

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

Stan timin	rs premis n to the p dard days gs (pleas ance note	oublic s and e read	State any seasonal variations (please read guidance note 4)
Day	Start	Finish	7
Mon			
Tue			
Wed			
Thur			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)
Fri			
Sat	00:00	23.57	
Sun	00.00	23.59	

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)
PLEASE SOE ATTACHED
b) The prevention of crime and disorder
REASE SE ATTACHED
c) Public safety
REATE SEE ATTACHED
d) The prevention of public nuisance
REAGE SOE ATTACHOO
e) The protection of children from harm
REASE SEE ATTACHED
Checklist:

I have enclosed the plan of the premises. 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. II 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 Capacity For joint applications, signature of 2 nd applicant or 2 nd 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 town Postcode Postcode I have enclosed the consent form completed by the individual I wish to be designated with your by e-mail, your e-mail address (optional)	•	I have	odo ou!	5 Sec. 1995		Please tick	to indicate agree	ment
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 Date Capacity Capacity Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) Post town Post town Post town Post town Telephone number (if any)		Thave m	age or enclose	ed payment of	the fee.			
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Post town Post town Post town Telephone number (if any) Postcode Telephone number (if any)	Capa	city	LGVS	MAN	Acrel			\dashv
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Post town Telephone number (if any)	Capaci	ty						\dashv
Telephone number (if any)	Contac with this	t name (wh	ere not previo n (please reac	usly given) an I guidance not	d postal address t te 13)	for correspond	lence associated	
Telephone number (if any)	Post tov	vn						
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			(if any)			Postcode		
	If you wo	ould prefer	us to correspo	ond with you b	y e-mail, your e-m	nail address (o	ptional)	

Notes for Guidance





Kendal

Kendal

Transaction Date: 05/11/2015 12:06:31

Operator: PN008

Machine: PN008

Receipt

Account Details

 CAN
 Reference
 Payment of
 Transaction Amt
 VAT Amt
 Rate

 00817
 GMD2452881
 04 - Miscellaneous
 £100.00
 £0.00
 0%

Licensing - PREMISES LICENCES - Taste Cumbria Event

Payment Details

 MOP
 Payment Ref
 Payment Amt

 06 - Credit Card
 £100.00

 APACS Payment Details
 ** Customer Copy **

Sale

PLEASE DEBIT MY ACCOUNT

Transaction Type:

Telephone Order (Keyed)

Date / Time:

05/11/2015 12:06:31

Auth Code:

002252

Card Number:

*********2979

Ref:

0SPN008834

Card Type:

VISA

MID:

***97322

TID:

****7416

Card Amount:

£100.00

Please keep this copy for your records

Total Amt Paid:

£100.00

VAT Number: 155 6863 35