

**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.

*South Lakeland District Council
Public Protection*

03 NOV 2015

I/We Kay Elizabeth Harrison-Mann

(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			
The Fizzy Tarte 18 Ash Street Bowness on Windermere		<i>Receipt No ... 237357</i> <i>Initials ... EME</i> <i>Date ... 03.11.15</i>	
Post town	Cumbria	Postcode	LA23 3EB

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£17,500.00

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 checked="" 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 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) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Harrison-Mann			First names Kay Elizabeth		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		St Andrews Lake Road Bowness on Windermere			
Post town	Cumbria			Postcode	LA23 3DE
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	kay@stephenhargreaves.co.uk				

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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	0	2	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)

The premises is going to be a patisserie serving breakfast and coffee from 08.00 through to lunch and sharing platters in the evening.

It is going to be an upmarket champagne and cocktail bar offering a wide range of choice including craft beers and wines.

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

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
			State any seasonal variations for performing plays (please read guidance note 4)		
Wed					
Thur					
			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)		
Fri					
Sat					
Sun					

B

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

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"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)			
Thur						
Fri						
Sat			<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)			
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"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur			State any seasonal variations for the performance of live music (please read guidance note 4)	
Fri				
Sat				
Sun				
			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)	

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 type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur			State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Fri				
Sat			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				

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"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
Wed			<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)			
Thur						
Fri						
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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)	
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 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 (please read guidance note 5)	
Sun				

I

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 checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon	23.00	00.00				
Tue	23.00	00.00				
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
Wed	23.00	00.00				
Thur	23.00	00.00				
			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 (please read guidance note 5) An additional hour on Fridays, Saturdays and Sundays of Bank Holidays, Christmas Eve and Boxing Day. From the end of the permitted hours on New Year's Eve to the start of the permitted hours on New Year's Day.			
Fri	23.00	01.00				
Sat	23.00	01.00				
Sun	23.00	00.00				

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)		On the premises <input type="checkbox"/>
					Off the premises <input type="checkbox"/>
					Both <input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	08.00	23.30			
Tue	08.00	23.30			
Wed	08.00	23.30			
Thur	08.00	23.30	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) An additional hour on Fridays, Saturdays and Sundays of Bank Holidays, Christmas Eve and Boxing Day. From the end of the permitted hours on New Year's Eve to the start of the permitted hours on New Year's Day.		
Fri	08.00	00.30			
Sat	08.00	00.30			
Sun	08.00	23.30			

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

Name Kay Elizabeth Harrison Mann	
Address St Andrews Lake Road Bowness on Windermere	
Postcode	LA23 3DE
Personal licence number (if known) PA0617	
Issuing licensing authority (if known) South Lakeland 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).
None currently anticipated

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	08.00	00.00	<p><u>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</u> (please read guidance note 5)</p> <p>An additional hour on Fridays, Saturdays and Sundays of Bank Holidays, Christmas Eve and Boxing Day.</p> <p>From the end of the permitted hours on New Year's Eve to the start of the permitted hours on New Year's Day.</p>
Tue	08.00	00.00	
Wed	08.00	00.00	
Thur	08.00	00.00	
Fri	08.00	01.00	
Sat	08.00	01.00	
Sun	08.00	00.00	

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 who are involved in the sale of alcohol will be trained in relation to the licensing objectives so as to reduce crime and disorder, promote public safety, prevent public nuisance and promote the protection of children from harm. Said training will be documented and will be made available to an authorised officer upon request.

b) The prevention of crime and disorder

A comprehensive CCTV system shall be installed internally at the premises and will meet the following criteria:

- The system will display on any recording the time and date of said recording;
- The system will be recording whenever the premises is open to the public;
- Any recordings will be retained for a minimum of 28 days after they are made and will be produced to an authorised officer upon request;
- As a minimum, the system will capture images of the head and shoulders of any person entering the premises through the main public entrance.

Appropriate signage alerting customers to the use of CCTV shall be displayed in a conspicuous position at the premises.

The premises shall operate a zero tolerance drugs policy.

On Friday and Saturday nights, a risk assessment will be carried out to assess whether any licensed door supervisors are required. As a minimum there will be two registered door supervisors employed from 21.00 until close of business.

c) Public safety

d) The prevention of public nuisance

A clear, legible and conspicuous notice shall be displayed at each public exit requesting patrons to avoid causing noise, nuisance or disturbance upon leaving the premises.

The bi-folding doors shown on the licensing plan will be closed every day at 23.00.

e) The protection of children from harm

A "Challenge 25" Policy shall be adopted and enforced at the premises whereby any person who appears to be under the age of 25 shall be required to provide identification to prove that they are over the age of 18 before they are permitted to purchase alcohol. The only forms of acceptable identification will be:

- A Passport;
- A UK Photocard Driving Licence;
- Official ID card issued by HM Forces or EU bearing a photograph and the date of birth of the holder;
- Any other form of identification agreed with a representative of the Police Licensing Unit.

All staff who are involved in the sale of alcohol will be trained in relation to the "Challenge 25" policy upon the commencement of their employment, following which they will undertake refresher training at suitable intervals. Said

training will be documented and will be made available to an authorised officer upon request.

Checklist:

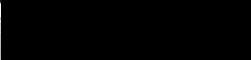
Please tick to indicate agreement

- 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	
Date	02/11/15
Capacity	Solicitors & Authorised Agents

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)

Sam Faud
Napthens LLP, Solicitors
Greenbank Court
Challenge Way
Blackburn

Post town **Blackburn**

Postcode

BB1 5QB

Telephone number (if any)

(01254) 667733

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

Samantha.Faud@napthens.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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

**Consent of Individual to being Specified as
Designated Premises Supervisor**

I, Kay Harrison-Mann, of St Andrews , Lake Road, Bowness-On-Windermere LA23
3DE

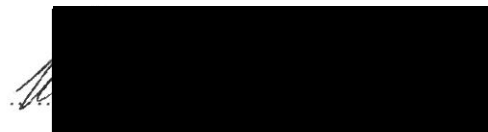
hereby confirm that I give my consent to be specified as the Designated Premises
Supervisor in relation to the application for a Premises Licence by Kay Harrison-Mann
relating to the premises to be known as The Fizzy Tarte, 18 Ash Street, Bowness on
Windermere, LA23 3EB and any premises licence to be granted or varied in respect of
this application made by Kay Harrison-Mann concerning the supply of alcohol at The
Fizzy Tarte, 18 Ash Street, Bowness on Windermere, LA23 3EB.

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: PA0617

Personal licence issuing authority: South Lakeland Council

Signed:



(Kay Harrison-Mann)

Dated:

.....26/10/15.....

REV

DRM

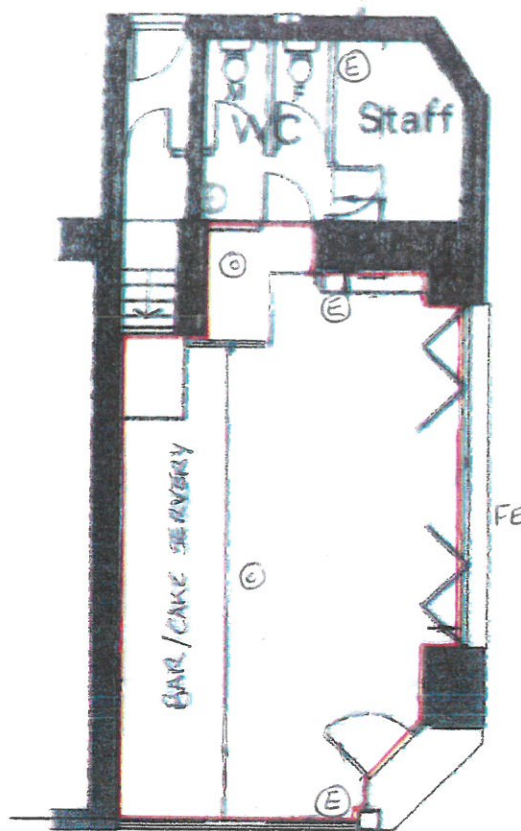
NOTES

The Contractor must comply with all relevant codes, with a view to ensuring that the building is safe and secure and that the building is suitable for the intended use.

The Contractor must ensure that the building is safe and secure and that the building is suitable for the intended use.

The Contractor must ensure that the building is safe and secure and that the building is suitable for the intended use.

The Contractor must ensure that the building is safe and secure and that the building is suitable for the intended use.



— Licentable Activities

Ground Floor Plan



ADL architects

FE - Fire Escape/Exit

E - Fire Extinguisher

C - Smoke Detectors

Client

Title

Mr S Hargreaves

Ground Floor Plan

Job

The Fizzy Tarbe
18 Ash Street,
Bowness-on-Windermere

Drawn DJF

Approved

Date JULY 2015

Scale 1:100

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Drawing No H113/1548-02

Rev

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RIBA

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